Optimizing Healthy Aging: A National Priority

Matthew Lee Smith, PhD, MPH, CHES, FAAHB, FGSA
Center for Population Health and Aging
Texas A&M University
The University of Georgia
matthew.smith@tamhsc.edu

Aging in America

- Life expectancy risen by more than 30 years in past century
  - Currently 78.6 years
  - Shift from infectious to chronic disease

- Rapid growth
  - Represent over 14% of the U.S. population
  - By 2035, more adults age 65+ than individuals age ≤18

- Health needs
  - 70% one or more chronic conditions
  - 25% fall each year

Percent of U.S. Population Age 65+, 2030

Data source: U.S. Administration for Community Living/Administration on Aging, 2016, based on U.S. Census data

Aging in Montana

- Mirrors growth seen elsewhere
  - Represent over 16% of the state
  - By 2025, projected to have the 4th largest older adult population
  - By 2030, one of only six states with over 25% age 65+

- Unique challenges and opportunities
  - Large and rural state
  - American Indians comprise 6.5% of the state
  - Of 56 counties...
    - 54 considered HPSA or MUA
    - 9 have no physician
    - 7 have no hospital
Evolving Roles

- Changing identities, responsibilities, and views
  - Perceptions/expectations (priorities, care/services, preferences)
  - Family (parenting, empty nesting, grand parenting, partner status)
  - Vocation/Finance (job shift, retirement, fixed income, leisure activity)
  - Health/Function (physical, sensory, cognitive, caregiving, transportation)
  - Reactions of people/organizations (discounts, AARP, ageism)

- Changing needs
  - Social environment and social support
  - Healthcare utilization (chronic conditions, medication effects)
  - Housing (‘aging-in-place’ vs. relocation)
  - Health promotion activities

Factors that Affect Health

- Counseling & Education
- Clinical Interventions
- Long-lasting Protective Interventions
- Changing the Context to make individuals’ default decisions healthy
- Socioeconomic Factors

Determinants of Health

- Health Outcomes
  - Length of Life (50%)
  - Quality of Life (50%)

- Health Factors
  - Health Behaviors (30%)
    - Tobacco Use
    - Diet & Exercise
    - Alcohol & Drug Use
    - Sexual Activity
  - Clinical Care (20%)
    - Access to Care
    - Quality of Care
  - Social & Economic Factors (40%)
    - Education
    - Employment
    - Income
    - Family & Social Support
    - Community Safety
  - Physical Environment (10%)
    - Air & Water Quality
    - Housing & Transit

Influencing Healthy Aging

- Dynamic set of interacting factors
- Lifelong processes that occur from birth to death
Aging Stereotypes Persist

- Prejudice, stereotyping, and discrimination against people because they are old
  - Old people are sick and frail
  - Old people are set in their ways
  - It’s too late to see gains
  - Physical activity is harmful to older people

Behavioral and Social Principles of Aging

- Populations are heterogeneous
- Health is a life-course process
- Individuals exist within social contexts
- Health is malleable at all life stages
- There is always potential for intervention

The “New Normal”

- Action needed to create a society that:
  - Values older people
  - Fosters supportive social and physical environments
  - Encourages intergenerational commonalities over conflicts
  - Emboldens older people to take charge of their own health
  - Requires commitment to programs, services, and systems
    - Help older people maintain their health and functioning

Keys to Healthful Aging *

- Positive attitude about aging
- Physical activity
- Nutrition
- Sleep
- Stress management
- Oral and general hygiene
- Medication adherence
- Preventive screening
- Vaccination
- Social engagement
- Learning and recreation
- Technology use
- Intimacy
- Live in healthy communities
- Communication

* Based on years of research
Evidence-Based Programs: A “Menu” of Topics

- Fall Prevention
- Disease Self-Management
- Physical Activity
- Nutrition
- Depression
- Medication Management
- Caregiving

The Evidence-Based Movement

<table>
<thead>
<tr>
<th>National Stakeholders</th>
<th>Program Developers</th>
<th>Networks</th>
<th>Program Implementers</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACL</td>
<td>CDSME</td>
<td>EBLC</td>
<td>Aging</td>
</tr>
<tr>
<td>NCOA</td>
<td>AMOB</td>
<td>FallsFree©</td>
<td>Public Health</td>
</tr>
<tr>
<td>CDC</td>
<td>Stepping On</td>
<td>CDC HAN</td>
<td>Healthcare</td>
</tr>
<tr>
<td>CMS</td>
<td>TCMBB</td>
<td>OAA</td>
<td>Residential</td>
</tr>
<tr>
<td>Archstone</td>
<td>Otago</td>
<td></td>
<td>Faith-based</td>
</tr>
<tr>
<td>HFSF</td>
<td>Fit &amp; Strong!</td>
<td></td>
<td>Workplace</td>
</tr>
</tbody>
</table>

Multi-Factorial Approach to Healthy Aging

“If we want more evidence-based practice, we need more practice-based evidence.”

Larry W. Green, 2004
Planning and Evaluation

Implementing and Evaluating Evidence-Based Programs
- Community-based interventions are effective
- It takes time to build a training and delivery infrastructure – and additional time to sustain it
- Without nurturing delivery systems can quickly vanish
- An integrated approach is needed (matching supply and demand)
  - Community programs will not see full potential unless coordinated with clinical and policy approaches
  - Clinical approaches will be limited without available community programs for referral
- A “love/hate” relationship with data collection – communities want results but don’t want data collection burdens
- Need to align efforts with other past and ongoing initiatives

Activity-Friendly Communities
- “All in” approaches
- Campaigns to “reframe” or “disrupt” aging
- Establishing healthy aging as “the new normal”

Team-Based Approach
- Clinical-community-corporate collaboration (C4)
- Screening, assessment, referral, treatment, follow-up, support
A Life-Course Emphasis

• Create long-term, sustainable relationships and partnerships
• Develop and evaluate health promotion programs
• Identify and assess correlates of health behavior and chronic disease
• Translate research into practice
• Report, share, and communicate

Opportunities for Advancement

• Introduce, assess, scale, and sustain
• Access (overcoming barriers of time, space, and resources)
• Coordinate, navigate, and leverage (screen, refer, enroll, follow-up)
• Translate
  • Diversify partners (complement and integrate silos)
  • Diversify the types of adults served (and where and how)
• Integrate technology
• Create safer home and community environments
• Make a business case: identify fiscal and health ROI
  • Consider the cost of “doing nothing”

Our Collective Charge

• Promote healthy aging as the “new normal”
• Be aware about the needs of older adults and the risks they face
• Create and strengthen strategic partnerships for action
• Offer evidence-based programs and practices
• Connect older adults to clinical and community resources

Active for Life®

“AGE IS AN ISSUE OF MIND OVER MATTER.
IF YOU DON’T MIND, IT DOESN’T MATTER.”
Mark Twain, Author