

HEALTHY AGING

POSITION

The Association of State and Territorial Health Officials (ASTHO) supports the promotion of healthy aging across the lifespan by addressing the needs of all people across the lifespan. Healthy aging is an important public health issue as Americans live longer and face social isolation, an increasing risk of dementias (e.g., Alzheimer’s disease) falls and injuries, as well as chronic conditions that may affect health, independence, and quality of life.^{1,2,3}

Summary of Recommendations:

- Enhance built and social environments conducive to healthy aging for all.
- Improve access to quality medical and social services across the lifespan to enhance older adults’ and caregivers’ quality of life.

State and territorial health agencies (S/THAs) can promote healthy aging by supporting existing initiatives such as the age-friendly communities movement along with innovation through policies and programs that address healthcare, social services, and structural determinants of health (e.g., access to transportation and nutrient rich food), thereby incorporating a [health in all policies](#) approach and enhancing quality of life across the lifespan.^{4,5}

BACKGROUND

The age of the U.S. population and life expectancy are increasing, though inconsistently. From 1975-2015, adults aged 65 and over increased from 22.6 to 47.8 million, while life expectancy increased from 72.6 to 78.7 years among white people and from 66.8 to 75.1 years among black people.⁵ In 2015, life expectancy was 82 years among Hispanic people.⁶ By 2009, it was 73.7 years among American Indian/Alaska Native people.⁷ Such trends correlate with greater risk of older age-related cognitive and physical health conditions.^{8,9,10} Age is a major risk factor for dementias.¹¹ As of 2018, 5.7 million Americans have Alzheimer’s.¹² By 2050, this is expected to grow to 13.8 million.¹³ Individuals with dementias often have reduced cognitive and physical ability and require care provided by paid or unpaid caregivers, such as family members.¹⁴ In 2017, 16 million unpaid caregivers provided 18.4 billion hours of care to people with dementia.¹⁵ If paid, this care would cost an estimated \$232 billion.¹⁶

Other chronic conditions such as diabetes, arthritis, and hypertension also affect older adults and account for 95 percent of healthcare cost for U.S. older adults.¹⁷ Eighty percent of older adults have at least one chronic disease and 68 percent have at least two.¹⁸ Moreover, falls threaten mobility and are the leading cause of older adult injuries in the United States.¹⁹ Twenty-five percent of adults aged 65 and over fall annually, causing \$31 billion in injury-related direct medical costs.^{20,21} Beyond impairment, these conditions affect both older adults’ and caregivers’ independence and quality of life.²² Overburdened caregivers are at increased risk for adverse health outcomes and social isolation.^{23,24}

S/THAs have a role to play in creating [age-friendly public health systems](#) and [communities](#) through policy, programs, and systems change. These cross-sector efforts can improve public access to high quality services that reduce disparities across the lifespan.²⁵

RECOMMENDATIONS

ASTHO supports the following recommendations and strategies for S/THAs to promote healthy aging and prevent chronic disease and injury across the lifespan.

Recommended Actions to Improve Structural Determinants of Health that Support Healthy Aging

- **Food and Nutrition Security:** Include nutrition standards and screenings in policies, and programs that reach older adults and promote such programs to ensure access to healthy, affordable foods.²⁶

- **Injury and Falls Prevention:** Promote effective, measurable, and sustainable initiatives, such as progressive physical activity programs, medication review and management, vision and hearing interventions, and home modifications and safety assessment.^{27,28,29}
- **Mobility:** Engage in comprehensive planning to encourage independence and healthy behaviors through improved access to safe transit, physical activity opportunities via wheelchair- and mobile device-accessible walking trails, and recreational investments like lighting.³⁰
- **Aging in Place:** Leverage policies and reimbursement models to support community-based care options.³¹ Promote universally-designed, [age-integrated living environments](#) to reduce social isolation and increase opportunities to live in age-friendly, smoke-free, and [adequate housing](#) near family or other social support providers, services, and transit.^{32,33,34,35,36}

Recommended Actions to Improve Medical and Social Services that Address Healthy Aging

- **Comprehensive Cognitive Care:** Encourage medical facility use of CPT code 99483 to reduce cost burden for families, caregivers, and providers through reimbursement for cognitive evaluation, functional assessment of activities of daily living, advanced care planning, and assessment of palliative care needs.³⁷ Support workforce development and compensation to expand quality care.³⁸
- **Social and Behavioral Health:** Support policies protecting against social isolation, alcohol and substance misuse, and suicide.³⁹ Partner with behavioral health providers to employ mental health assessments and evidence-based depression care, cognitive behavior therapy, and “one stop shop” clinic access.^{40,41} Support strategies aligned with federal frameworks.^{42,43}
- **Caregiver Support:** Provide community caregivers with appropriate resources and support, including the promotion of workplaces with long-term care benefits and flexible work hours.^{44,45, 46} Such activities can reduce caregiver risk for adverse health outcomes.⁴⁷
- **Cultural Sensitivity:** Improve provider awareness of how social dynamics impact healthcare access and communication.⁴⁸ Foster a diverse health system workforce that provides age-sensitive and culturally aware care that will improve patient health outcomes.^{49,50}
- **Serious Illness and End-of-Life Care:** Support all forms of palliative care and aging adults’ need to access and implement end-of-life protocols.⁵¹ Maximize hospice care opportunities.⁵² Facilitate state and health systems policies, programs, and provider training in these areas.
- **Innovative Technological Techniques:** Support telehealth and telemedicine initiatives, which are viable options for less mobile, rural, or frontier area adults to access physical and mental health services.^{53,54} Promote reimbursement strategies for home monitoring services.
- **Oral Health:** Partner with payers, oral health providers, and community health workers to improve oral health surveillance and older adults’ access to dental care that improves their ability to conduct activities of daily life.⁵⁵ Inform older adults and caregivers of available services.
- **Sexual and Reproductive Health:** Promote aging adults’ post-reproductive health via non-pregnancy related sexual health programs and sexually transmitted disease screenings.⁵⁶
- **Preventive Vaccination and Screening:** Increase flu, pneumococcal, and shingles vaccinations. In addition, increase age-appropriate screenings for health issues such as diabetes, hypertension, osteoporosis, hepatitis, and cancers (i.e., colorectal, breast, cervical, and lung).^{57,58}
- **Surveillance:** Adopt modules on caregivers, cognitive decline, emotional support and life satisfaction, and healthcare access in states’ Behavioral Risk Factor Surveillance System.⁵⁹

APPROVAL DATES:

Community Health and Prevention Policy Committee Approval: January 4, 2019
 Board Approval: March 14, 2019
 Policy Expires: March 2022

This Policy Statement supersedes the Healthy Aging and Public Health Position Statement approved June 2015, which expired June 2018.

ASTHO membership supported the development of this policy, which was subsequently approved by the ASTHO Board of Directors. Be advised that the statements are approved as a general framework on the issue at a point in time. Any given state or territorial health official must interpret the issue within the current context of his/her jurisdiction and therefore may not adhere to all aspects of this Policy Statement.

¹ Alzheimer’s Association. “2018 Alzheimer’s disease facts and figures.” *Alzheimer’s & Dementia: The Journal of the Alzheimer’s Association*. 2018. 14:367-429. Available at <https://www.sciencedirect.com/science/article/pii/S1552526018300414>. Accessed 7-11-2018.

² Rubenstein LZ. “Falls in older people: epidemiology, risk factors and strategies for prevention.” *Age and Ageing*. 2006. 35:ii37-ii41. Available at <https://www.ncbi.nlm.nih.gov/pubmed/16926202>. Accessed 7-11-2018.

³ CDC. The State of Aging & Health in America 2013.” Available at <https://www.cdc.gov/aging/pdf/State-Aging-Health-in-America-2013.pdf>. Accessed 7-12-2018.

⁴ National Prevention Council. National Prevention Strategy. Washington, DC: HHS, Office of the Surgeon General, 2011. Available at <https://www.surgeongeneral.gov/priorities/prevention/strategy/index.html>. Accessed 6-14-2018.

⁵ ASTHO. “Health in all Policies: A Framework for State Health Leadership.” Available at <http://www.astho.org/HiAP/Framework/>. Accessed 8-24-2018.

⁶ CDC. “Health, United States, 2016 With Chartbook on Long-Term Trends in Health.” Available at <https://www.cdc.gov/nchs/data/abus/abus16.pdf>. Accessed 7-12-2018.

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⁹ Rubenstein LZ. “Falls in older people: epidemiology, risk factors and strategies for prevention.” *Age and Ageing*. 2006. 35:ii37-ii41. Available at <https://www.ncbi.nlm.nih.gov/pubmed/16926202>. Accessed 7-11-2018.

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¹³ Ibid.

¹⁴ Ibid.

¹⁵ Ibid.

¹⁶ Ibid.

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