



Health Promotion, Disease Prevention and Healthy Aging

2011 Older Americans Act Reauthorization

Background

The OAA reauthorization in 2011 comes at a most propitious time on the heels of the enactment of health-reform and during discussions of entitlement reform and bending the long-term cost curve. The country is attuned to health care, costs and effectiveness. Recognizing that over 95 percent of patient care is administered by the patient and family at home rather than by a professional provider in the clinic or hospital, the nation must seriously consider the role of older adults in managing their own care.

The following facts illustrate both the urgency and opportunities we face:

- Chronic diseases account for 75% of the nation's health care spending.
- About 70% of the rise in health care spending is due to the rise in the prevalence of chronic disease.
- 95% of Medicare and 83% of Medicaid are spent on the treatment of chronic conditions.
- Chronic conditions directly contribute to functional limitations for 12 million older adults.

Current Status

The Aging Network is in a unique position to give older adults the support and education they need to care for themselves and stay healthier longer. Through limited AoA demonstration funding, the aging network currently supports, at very modest levels, targeted, evidence-based programs (EBP) that help people with chronic conditions manage their own health and address other costly health issues such as falls and fall-related injuries, lack of exercise, medication mismanagement, depression, and poor nutrition. New resources from the Prevention and Wellness Fund of the American Recovery and Reinvestment Act are helping to expand this community-based approach of the aging network.

There are a growing number of evidence-based interventions developed by NIH, CDC and other public and private agencies that have been shown to improve health and reduce the costs of care for older adults. The Chronic Disease Self-Management Program (CDSMP) is the most widely recognized. For people with chronic illness, CDSMP has been shown to improve health, function, and communication with their doctors, while reducing their distress and helping them manage symptoms like fatigue, pain, and depression. CDSMP also lowers costs by reducing people's use of hospitals and emergency rooms. A new online version of CDSMP will make it possible for many more people nationwide to learn how to better manage their chronic conditions.

To achieve population health improvements, multiple effective interventions will need to be available and continuously improved to help older adults to be engaged partners in their own care. Patient self-management is frequently cited by researchers as an essential and effective component in managing chronic conditions, changing health behaviors, and reducing the risk of injury. By teaching patients to identify and address issues associated with their physical and mental health and clinical condition, patient self-management can improve quality of life and avoid costly care interventions.

Opportunities in the Older Americans Act Reauthorization

Expansion and improvement of healthy aging interventions through OAA reauthorization should focus on the following elements:

- Prevention – person-centered; whole person;
- Empowerment – self-directed, self-determination, self-advocacy, engaging, interactive, supportive;
- Evidence and outcomes – strengthen current knowledge with Title IV research and evaluation investments, utilizing rigorous science, evaluation and CQI;
- Systems changing - Not just deliver programs but deliver results;
- Community-based solutions – delivering “health” close to the person – start with low tech, low cost, convenient;
- Far-reaching, widely relevant approaches - culturally appropriate, respectful, dignified, confronting ageism, reducing health disparities;
- Multi-sector collaborations; and
- Bending the curve on cost, quality and outcomes.

OAA Title III-D should be strengthened to better integrate health promotion with evidence-based disease prevention programs. We should take advantage of the work being done on evidence-based programs in the following ways:

- Specify health promotion and disease prevention as a priority in OAA;
- Take lessons learned from EBP and use to amend III-D;
- Provide more support for community planning for health promotion; and
- Improve services by specifying successful interventions in the OAA and setting a higher priority on the investment in development and provision of evidence-based programs.

We oppose subsuming Title III-D into III-B. The focus on healthy aging and disease prevention should be strengthened, and if III-D is folded into III-B, then the health promotion and disease prevention effort would lose identity and targeted funding. Title III-D should be framed to incorporate strong evidence about interventions that deliver measurable health benefits and foster strong collaborations with other federal health agencies.

A limited amount of Title III-D funds should be permitted to be used for transportation to evidence-based programs when such transportation is required for older adults to complete the workshops and gain the health benefits.

The OAA should better facilitate collaboration between the Aging Services Network (ASN) and housing programs for low-income older adults. Senior housing residents are not receiving the supports they need to age in place. Improvements could include co-location of programs and targeting at-risk populations. Closer collaboration between AoA and HUD, and the ASN and senior housing providers will improve outreach and targeting, and better ensure that at-risk seniors receive the services and supports they need to remain healthy, independent and in the community.

Summary

NCOA research shows that older adults want to learn how to take better care of their health. The interest and participation in evidence-based chronic disease self management programs offered by aging services attests to the willingness of the network to offer effective programs and confirmation that seniors will join and learn. Given the urgency of health reform implementation and cost containment, now is the time to leverage the OAA to build on our success, extend the reach of CDSMP, falls prevention, depression care, and other evidence-based interventions, and empower millions of older adults to be active partners in the future of healthy aging.