

Managing the Changing Health Care Needs of Seniors

WHY ARE THE CHRONIC DISEASES OF AGING A THREAT TO OUR NATION'S HEALTH?

High Health Burden, High Financial Costs:

- By 2030, 20 percent of the U.S. population – 71 million Americans – will be 65 or older. Aging-related diseases are projected to increase the country's health care costs by 25 percent during this time period.²
- Eighty percent of America's seniors (people 65 and older) live with at least one chronic disease that could lead to premature death or disability.³
- Medicare will spend approximately 34 percent more on an obese person than on someone of normal weight. Obesity might cost Medicare more than other diseases, because higher costs are not offset by reduced longevity.⁴

Many Health Problems Could Be Prevented, Delayed, or Better Managed:

- According to the CDC, many cases of chronic illnesses, particularly heart disease, stroke, diabetes, and some forms of cancer, could be avoided or delayed with healthy lifestyle practices, such as regular physical activity, healthy eating, and avoiding tobacco use, and through screenings for early detection of cancer and other diseases.⁵
- There is growing evidence that Alzheimer's disease can be prevented or delayed through healthy lifestyles, physical activity, and stimulating the brain by reading and staying socially active.
- Seniors with the flu are at higher risk for developing pneumonia as a complication, which can be lethal. Flu and pneumonia are currently the eighth leading cause of death in the United States. In 2004, more than one million hospitalizations and 60,207 deaths were associated with pneumonia.^{6,7}

- A recent study found that despite government recommendations, more than one-third of Americans aged 65 and over did not receive a flu shot.⁸



“CHRONIC DISEASES EXACT A PARTICULARLY HEAVY HEALTH AND ECONOMIC BURDEN ON OLDER ADULTS DUE TO ASSOCIATED LONG-TERM ILLNESS, DIMINISHED QUALITY OF LIFE, AND GREATLY INCREASED HEALTH CARE COSTS. ALTHOUGH THE RISK OF DISEASE AND DISABILITY CLEARLY INCREASES WITH ADVANCING AGE, POOR HEALTH IS NOT AN INEVITABLE CONSEQUENCE OF AGING.”¹

-- U.S. Centers for Disease Control and Prevention (CDC)

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PREVENTING
EPIDEMICS.
PROTECTING
PEOPLE.

HOW CAN WE KEEP SENIORS HEALTHIER?

- **Promote Prevention.** Health care providers, insurers, community organizations, employers, and government officials should provide seniors with increased information about the importance of lifestyle changes, such as those related to diet and physical activity, and the importance of getting routine screenings and physicals for early diagnosis and treatment of health conditions. The Centers for Medicare and Medicaid Services should educate providers and beneficiaries about the new clinical prevention benefits included as part of the Affordable Care Act.
- **Provide More Information to Seniors About Existing Prevention Benefits.** Medicare should more actively and widely disseminate information about the range of prevention benefits available, including preventive screenings for heart disease, diabetes, and many other chronic conditions, as well as vaccinations for flu and pneumonia.
- **Achieve a Healthier Population entering Medicare.** *The Healthy Aging, Living Well* pilot program authorized under the Affordable Care Act should be fully funded. The pilot project would provide public health community interventions, screenings, and, when necessary, clinical referrals for individuals between 55-64 years of age.
- **Prioritize Vaccinating Seniors for Flu and Pneumonia.** Health departments should strive to achieve the national goals of vaccinating 90 percent or more of seniors for flu and pneumonia.



- **Increase Resources for Research.** The federal government should increase funding for the National Institute on Aging, and research efforts at the National Institutes of Health that investigate causes and cures of aging-related chronic conditions, including neurological diseases such as Alzheimer's disease and dementia.

ENDNOTES

- 1 U.S. Centers for Disease Control and Prevention. "Healthy Aging for Older Adults." U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, <http://www.cdc.gov/aging/> (accessed January 10, 2009).
- 2 U.S. Centers for Disease Control and Prevention and The Merck Company Foundation. *The State of Aging and Health in America 2007*. Whitehouse Station, NJ: The Merck Company Foundation; 2007. http://www.cdc.gov/aging/pdf/saha_2007.pdf
- 3 Ibid.
- 4 Lakdawalla DN, Goldman DP, Shang B. "The Health and Cost Consequences of Obesity Among the Future Elderly." *Health Affairs*. September 2005. <http://content.healthaffairs.org/cgi/content/abstract/hlthaff.w5.30v1> (accessed August 31, 2010).
- 5 U.S. Centers for Disease Control and Prevention. "Healthy Aging for Older Adults." U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, <http://www.cdc.gov/aging/> (accessed January 10, 2009).
- 6 A. M. Minino, et al. "Deaths: Preliminary Data for 2004." *National Vital Statistics Report* 54, no. 19 (June 28, 2006).
- 7 C. J. DeFrances, et al. "2004 National Hospital Discharge Survey." Advance Data from *Vital and Health Statistics* no. 371 (May 4, 2006).
- 8 U.S. Centers for Disease Control and Prevention. *Behavioral Risk Factor Surveillance System, Prevalence Data, Nationwide (States and D.C.) – 2005 vs 2004, Immunization*. Atlanta, GA: U.S. Department of Health and Human Services, 2006. <http://apps.nccd.cdc.gov/brfss/display_c.asp?yr_c=2004&yr=2005&cat=IM&state=UB&bkey=20059912&qkey=4407&qtype=C&grp=0&SUBMIT2=Compare> (accessed October 30, 2006).
- 9 U.S. Centers for Disease Control and Prevention and The Merck Company Foundation. *The State of Aging and Health in America 2007*. Whitehouse Station, NJ: The Merck Company Foundation; 2007. <http://www.cdc.gov/aging/pdf/saha_2007.pdf>

FIND OUT MORE AT
HEALTHYAMERICANS.ORG
OR CONTACT
ANNIE TORO,
TFAH'S DIRECTOR
OF GOVERNMENT
RELATIONS, AT
ATORO@TFAH.ORG OR
202-223-9870 x25.



1730 M Street NW
Suite 900
Washington, DC 20036
(t) 202-223-9870
(f) 202-223-9871
www.healthyamericans.org