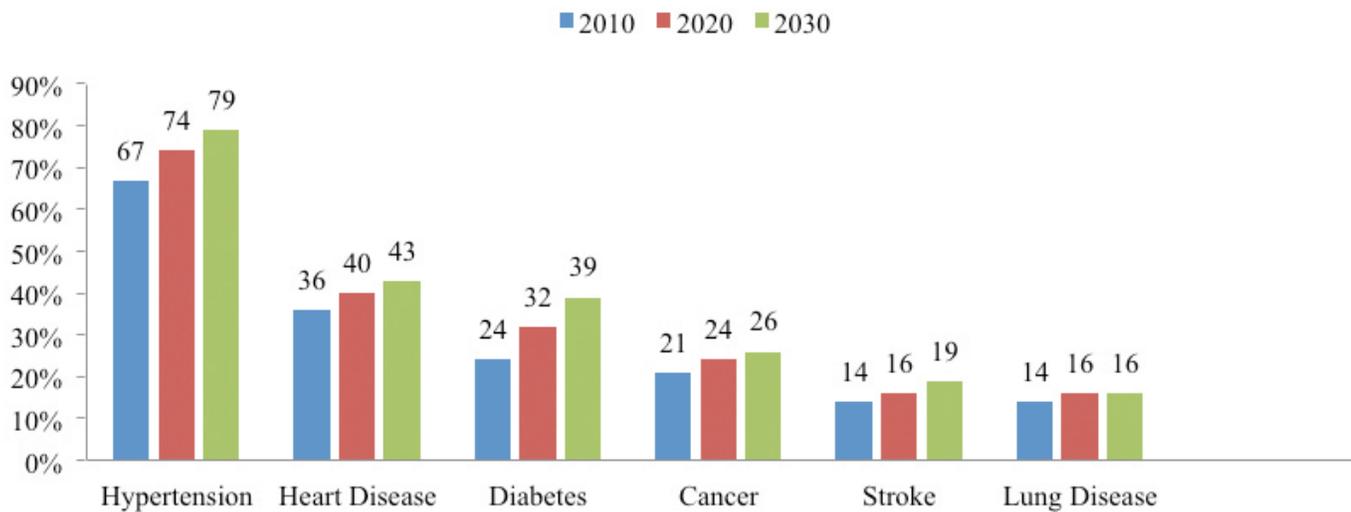


Aging Well and Independently

Chronic Conditions Among U.S. Population Aged 65 and Older, 2010-2030



Source: Goldman & Gaudette, 2015⁵⁶³

By 2030, almost 20 percent of Americans (72 million) will be 65 years or older — up from the current 14.5 percent — due to longer lifespans and the aging Baby Boomer population.^{564,565}

As people are living longer, the number of older seniors is also growing exponentially. Currently, around 6.2 million people are ages 85 or older in the United States — by 2040, the number will grow to around 14.6 million (a 135 percent increase).⁵⁶⁶

The aging population has a major impact on healthcare spending — which is projected to grow by 25 percent by 2030 — as Baby Boomers age into increased numbers of diseases and disabilities and new treatments and technologies expand to meet those needs.^{567, 568, 569} The healthcare costs of an individual over age 65 are three to five times as high as those for someone under age 65 years.⁵⁷⁰

Medicare spending is expected to reach \$903 billion by 2020 and more than double — to \$1.2 trillion — by 2030.^{571, 572}

It is important to develop strategies that support improved health and quality of life for Americans as they age — including supporting prevention efforts before people reach their senior years. Many health problems could be prevented, mitigated or delayed with a stronger focus on improving health throughout a person's lifetime.

• **Chronic Disease:** By 2030, estimates are that 79 percent of seniors will have hypertension, 43 percent heart

disease, 47 percent obesity and 39 percent type 2 diabetes.⁵⁷³

- **Arthritis:** More than 50 percent of seniors have doctor-diagnosed arthritis.⁵⁷⁴
- **Falls:** One in three seniors experience a serious fall each year — which often leads to other complications and deterioration of health. Falls are the leading cause of injury death in adults ages 65 and older (more than 27,000 deaths), and contribute to around 250,000 hip fractures a year and over \$31 billion in Medicare spending.^{575, 576, 577}



- **Dementia:** One in three seniors die with Alzheimer’s or some other form of dementia.⁵⁷⁸ Nearly one in five Medicare dollars is spent on dementia — which is expected to grow to one in three by 2050. Medicare spending for individuals with dementia is three times higher than for those without, and Medicaid costs are 19 times higher.

- **Alzheimer’s Disease:** 5.2 million seniors have Alzheimer’s Disease (nearly two-thirds of cases are women); the rates are expected to reach 7.1 million by 2025 and 13.8 million by 2050.⁵⁷⁹ Alzheimer’s is the sixth leading cause of death, and costs \$236 billion in medical costs, half of which is paid by Medicare.⁵⁸⁰

- **Dental/Oral Health:** One in four Medicare beneficiaries has no natural teeth — and around one in four adults ages 65 to 74 have gum disease.^{581, 582} Medicare does not cover routine dental care, many restorative dental services, dentures or tooth extractions.

- **Hearing Loss:** 45.6 percent of those ages 70 to 74 and 80.6 percent of those 85 or older suffer from hearing loss.

Currently, an estimated 67 percent to 86 percent of adults who may benefit from hearing aids do not have or are not using them.⁵⁸³

Fewer than 50 percent of seniors ages 65 and older receive recommended clinical preventive services.⁵⁸⁴ Less than 1 percent of Medicare enrollees had participated in obesity counseling between 2011 (when it became available) and 2014.⁵⁸⁵ Moreover, around one-third of seniors do not receive a flu shot and nearly a third have not received a one-time vaccine against pneumonia — despite the fact that roughly 71 percent to 85 percent of flu and pneumonia deaths are among seniors.^{586, 587, 588}

Eighty-eight percent of seniors want to remain in their homes and 80 percent want to remain in their communities as long as possible, according to a 2014 survey by the American Association for Retired Persons (AARP).⁵⁸⁹ However, approximately one in every three seniors will enter a nursing home before they die.⁵⁹⁰ A growing population of seniors will increase demands for caregivers and nursing home and long-term assisted care.

RECOMMENDATIONS

- **Increase coverage and delivery of prevention services to seniors.** Medicare should encourage greater clinical-community coordination by covering a range of supportive services. This can be supported through models like patient-centered care, increased use and coordination of Electronic Health Records and improvements in provider education and patient outreach programs. In addition, Medicare policy changes are needed to increase coverage for high-need services among seniors, such as better dental care and hearing aids, which improve quality of life and also can help prevent or mitigate escalation of some additional health problems.
- **Expand senior-focused local health improvement initiatives.** Assessments are needed to measure the aging-friendliness of communities and track outcomes of community-based services and programs.⁵⁹¹ Policymakers should also support cross-sector collaborations between aging, health, transportation and other social support agencies to promote planning for senior-focused local health initiatives.
- **Expand community-based prevention programs.** Many community-based programs can help provide increased support for seniors to stay active, improve nutrition and be healthier at any age and help them stay well and independent for as long as possible. One of the most effective community-based health efforts for seniors has been fall prevention programs, which have been shown to help reduce the number of falls by as much as half.⁵⁹²
- **Support mental health and healthy brain initiatives.** Support should be given to community programs and services that improve prevention, early intervention and treatment and long-term care support for Alzheimer's and other dementias. Policymakers should support states in developing state plans for Alzheimer's that include components of the Healthy Brain Initiative's *Public Health Road Map for State and National Partnerships*.⁵⁹³
- **Enable aging in place.** Potential policy recommendations include increasing and preserving affordable housing for older people through housing trust funds, rental subsidies or tax incentives; and incorporating universal design into community planning to make the built environment accessible to aging adults.⁵⁹⁴ Policymakers need to consider the underlying systematic and environmental barriers — such as unsupportive community design, unaffordable and inaccessible housing and a lack of services — when designing policy solutions and using technologies to support aging in place.
- **Promote strategies to encourage healthy aging before age 65.** CDC, AARP and the American Medical Association issued a guide to *Promoting Preventive Services for Adults 50-64: Community and Clinical Partnerships*, which identifies a range of successful strategies — focusing on early detection and lowering risk factors for health problems.⁵⁹⁵ CMMI should also explore options for paying for these services for the pre-Medicare population — to keep the cohort healthier and costs down for when they age into Medicare.

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