

Healthy Aging



Approximately 45 million Americans are 65 and older.¹ In 2030, when the last baby boomer turns 65, more than 20% of the U.S. population will be an older adult.² On average, a 65-year old can expect to live another 19 years.³ For most older adults, good health ensures independence, security, and productivity as they age. Unfortunately, millions struggle every day with challenges such as chronic diseases, falls, physical inactivity, oral health concerns, and behavioral health issues—all of which can severely impact quality of life. NCOA is a respected national leader and trusted partner helping older adults meet these challenges.

Chronic Diseases

- Older adults are disproportionately affected by chronic conditions, such as diabetes, arthritis, and heart disease. Eighty percent have at least one chronic condition⁴, and nearly 70% of Medicare beneficiaries have two or more.⁵
- The leading causes of death among older adults in the U.S. are chronic diseases—heart disease, cancer, stroke, chronic lower respiratory diseases, Alzheimer’s disease, and diabetes.²
- Chronic diseases can limit a person’s ability to perform daily activities, cause them to lose their independence, and result in the need for institutional care, in-home caregivers, or other long-term services and supports.²

- Multiple chronic diseases account for two-thirds of all health care costs² and 93% of Medicare spending.⁶ Yet, less than 1% of U.S. health care dollars is spent on prevention to improve overall health.⁷

Falls

- One out of four older adults falls each year.⁸
- As a result of falls, every 11 seconds, an older adult is treated in the emergency room; every 19 minutes, an older adult dies.⁹
- Falls are the leading cause of fatal and nonfatal injuries among older adults, causing hip fractures, head trauma, and death.⁹
- Older adults are hospitalized for fall-related injuries five times more often than for injuries from other causes.⁹
- The nation spends \$50 billion a year treating older adults for the effects of falls, 75% of which is paid for by Medicare and Medicaid.¹⁰ If falls rates are not reduced, direct treatment costs are projected to reach \$101 billion by 2030.¹¹
- Fear of falling can lead older adults to limit their activities, which actually can result in more falls, further physical decline, depression, and social isolation.^{12, 13}

Physical Activity

- Regular exercise can help older adults stay independent and prevent many health problems that come with age. According to the 2008 Physical Activity Guidelines for Americans, older adults should do two types of physical activities each week to improve their health— aerobic and muscle-strengthening.¹⁴
- These guidelines recommend that older adults engage in at least 150 minutes of moderate-intensity or 75 minutes of vigorous aerobic activity a week and muscle-strengthening activities on two or more days a week.¹⁴
- Less than 16% of Americans aged 65+ meet the physical activity recommendations.¹⁵

Oral Health

- Oral health is important for overall health and well-being, but 40% of older adults have not seen a dentist in the last year.¹⁶
- About 19% of older adults no longer have any natural teeth.¹⁷
- Of those with teeth, about 19% of older adults have untreated tooth decay,¹⁷ and over 70% have periodontal (gum) disease.¹⁸
- Poor oral health can negatively impact nutrition and proper management of chronic conditions.

Behavioral Health

- One in four older adults experiences a behavioral health problem such as depression, anxiety, or substance abuse.¹⁹
- These problems can complicate the treatment of other medical conditions, reduce quality of life, increase use of health care services, and lead to premature death.¹⁹
- In 2014, nearly 11,000 people 60+ died by suicide. Men aged 85+ have a suicide rate that is about four times higher than the rate for all ages.²⁰
- Excessive alcohol use accounts for more than 23,000 deaths among older Americans each year.²¹
- Depression and other behavioral health problems are not a normal part of aging and can be treated. Despite the availability of effective interventions, 66% of older adults are not receiving the care they need.²²

NCOA's Role

NCOA and its [Center for Healthy Aging](#) empower older adults to lead healthier lives. The Center houses two National Resource Centers funded by the U.S. Administration for Community Living's Administration on Aging.

Chronic Disease Management

- NCOA's [National Chronic Disease Self-Management Education Resource Center](#) provides leadership, technical assistance, and resources to support state and community-based partners in expanding and sustaining [evidence-based programs](#), including Stanford University's suite of [Chronic Disease Self-Management Education Programs](#). These programs, which are available in the community and [online](#), help older adults better manage their chronic conditions and improve their quality of life.

Falls Prevention

- NCOA's [National Falls Prevention Resource Center](#) serves as a national clearinghouse for information on falls prevention and supports the implementation and sustainability of evidence-based [Falls Prevention Programs](#).
- The [Falls Free® Initiative](#), a national effort, includes [State Coalitions](#) and the [2015 Falls Free® National Action Plan](#) to reduce falls and fall-related injuries among older adults.

Other Initiatives

- NCOA promotes [Physical Activity](#), [Behavioral Health](#), and other evidence-based programs.
- NCOA implements the [Aging Mastery Program®](#), an in-person and online education and behavior change incentive program to help older adults age well.

For more information, please visit www.NCOA.org.

NATIONAL COUNCIL ON AGING

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Sources

1. Administration on Aging. Profile of Older Americans: 2014. <https://www.acl.gov/sites/default/files/Aging%20and%20Disability%20in%20America/2014-Profile.pdf>
2. Centers for Disease Control and Prevention. The State of Aging and Health in America 2013. Atlanta, GA: Centers for Disease Control and Prevention, US Dept of Health and Human Services 2013
3. Murphy SL, Kochanek, KD, Xu JQ, Arias, E. Mortality in the United States, 2014. NCHS data brief, no 229, Hyattsville, MD: National Center for Health Statistics 2015
4. Centers for Disease Control and Prevention. Healthy Aging at a Glance 2011. <http://stacks.cdc.gov/view/cdc/22022>
5. Lochner KA, Cox CS. Prevalence of Multiple Chronic Conditions Among Medicare Beneficiaries, United States, 2010. *Prev Chronic Dis* 2013
6. Chronic Conditions Among Medicare Beneficiaries, Chart Book 2012.[PDF - 4.85 MB] Baltimore, MD: Centers for Medicare & Medicaid Services 2012. <https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/Chronic-Conditions/Downloads/2012Chartbook.pdf>
7. The State of Chronic Disease Prevention: Hearing Before the Committee on Health, Education, Labor, and Pensions. (6) 2011. <https://www.gpo.gov/fdsys/pkg/CHRG-112shrg87561/pdf/CHRG-112shrg87561.pdf>
8. Stevens JA, Ballesteros MF, Mack KA, Rudd RA, DeCaro E, Adler G. Gender differences in seeking care for falls in the aged Medicare Population. *Am J Prev Med* 2012;43:59–62.
9. Centers for Disease Control and Prevention, National Center for Injury Prevention and Control. Web-based Injury Statistics Query and Reporting System (WISQARS) [online]. (2005) [cited 2016 5 11]. Available from URL: www.cdc.gov/injury/wisqars.
10. Florence CS, Bergen G, Atherly A, Burns E, Stevens J, Drake C. Medical costs of fatal and nonfatal falls in older adults. *Journal of the American Geriatrics Society* 2018;66(4):693-698.
11. Houry D, Florence C, Baldwin G, Stevens J, McClure R. The CDC Injury Center's response to the growing public health problem of falls among older adults. *American Journal of Lifestyle Medicine* 2016;10:74-77.
12. Gillespie, LD, Robertson, MC, Gillespie, WH, Sherrington C, Gates S, Clemson LM, Lamb SE. Interventions for preventing falls in older people living in the community. *Cochrane Database of Systematic Reviews* 2012, Issue 9.
13. Vellas BJ, Wayne SJ, Romero LJ, Baumgartner RN, Garry PJ. Fear of falling and restriction of mobility in elderly fallers. *Age and Ageing* 1997;26:189–193
14. U.S. Department of Health and Human Services (HHS), Office of Disease Prevention and Health Promotion. 2008 Physical Activity Guidelines for Americans. October, 2008. <http://health.gov/paguidelines/guidelines/>
15. Centers for Disease Control and Prevention. Adult Participation in Aerobic and Muscle-Strengthening Physical Activities – United States, 2011. *Mortality and Morbidity Report*. May 3, 2013 / 62(17);326-330
16. National Center for Health Statistics. Health, United States, 2014. Hyattsville, Maryland. 2015. Table 84 <http://www.cdc.gov/nchs/data/hus/2014/084.pdf>
17. Dye BA, Thornton-Evans G, Li X, Iafolla TJ. Dental caries and tooth loss in adults in the United States, 2011–2012. NCHS data brief, no 197. Hyattsville, MD: National Center for Health Statistics. 2015.
18. Eke PI, Dye B, Wei L, Thornton-Evans G, Genco R. Prevalence of Periodontitis in Adults in the United States: 2009 and 2010. *J Dent Res*. Published online 30 August 2012:1–7
19. Substance Abuse and Mental Health Services Administration (SAMHSA) and Administration on Aging (AoA) Older Americans Behavioral Health Issue Brief: Series Overview. <https://www.ncoa.org/resources/issue-brief-older-americans-behavioral-health-series-overview/>
20. Centers for Disease Control and Prevention, National Center for Injury Prevention and Control. *Web-based Injury Statistics Query and Reporting System (WISQARS) Fatal Injury Data*. (2014) http://webappa.cdc.gov/sasweb/ncipc/mortrate10_us.html
21. Centers for Disease Control and Prevention. Alcohol-related disease impact (ARDI) software. Alcohol and Public Health Web site. http://nccd.cdc.gov/DPH_ARDI/default/default.aspx
22. Garrido, M. M., R. L. Kane, M. Kaas, and R. A. Kane. 2011. Use of mental health care by community-dwelling older adults. *Journal of the American Geriatrics Society* 59(1):50-56.