

Healthy Aging: Priorities and Programs of the Centers for Disease Control and Prevention

By Jason E. Lang, Margaret J. Moore, Andree C. Harris,

and Lynda A. Anderson

The U.S. Centers for Disease Control and Prevention (CDC) is the lead federal agency for promoting and protecting the health and safety of people—at home and abroad—by providing credible information to enhance health decisions and promoting health through strong partnerships. The agency works to accomplish its mission in a number of ways: for example, through monitoring health, conducting research on the prevention of disease, developing and promoting sound public health policies, implementing prevention strategies, promoting healthy behaviors, fostering safe and healthful environments, and providing leadership and training. In 1998, CDC made a specific commitment to raise the visibility of aging as a public health issue and to delineate the agency's roles in promoting and protecting the health of older people. This paper describes these roles, including actions taken through the CDC Healthy Aging Program and its partners, and introduces the CDC vision for engaging the aging network in public health initiatives.

HEALTH PROMOTION AND DISEASE PREVENTION

Poor health is not an inevitable consequence of growing older. In fact, many effective strate-

*Public health at
the federal level.*

gies exist for individuals and communities to take charge of their health and prevent, reduce, or delay disease and disability (Rowe and Kahn, 1998).

Much of the illness and disability experienced by older adults has its origin in health-damaging behaviors, including tobacco use, poor nutrition, and physical inactivity (CDC, 2004). An enhanced focus on prevention holds the greatest promise for maintaining independence and high quality of life for older adults and for reducing spiraling healthcare costs. Together, the public health and aging networks can provide the information, knowledge, and opportunities to maintain or enhance the health status of older adults and preserve their ability to engage in the activities and pursuits that they find fulfilling.

In 1987, Congress recognized the role of CDC in healthy aging in Title 3, Part D, of the Older Americans' Act, advising the Assistant Secretary for Aging to consult with the CDC Director in carrying out the act's provisions. In 2000, then-CDC Director Jeffrey P. Koplan, established an ad hoc working group to the formal Advisory Committee to the Director, CDC, to articulate CDC's roles in health promotion and disease prevention for older adults. This working group, in collaboration with a variety of health and aging

experts, identified five areas to which CDC could contribute unique expertise and leadership: (1) providing high-quality information to the public and practitioners, (2) linking the expertise of the public health network and the aging services network, (3) putting science into community practice, (4) monitoring health trends among older adults, and (5) supporting prevention activities in healthcare delivery systems. (Figure 1, outer circle).

This paper provides several examples of how work in these areas can and should be used to promote and safeguard the health of older adults. The examples cut across disciplines and sectors and address the wide array of health issues and needs pertinent to older adults.

Successful action in each of these areas requires close collaboration with partners, both within and outside of the public health network. Within CDC, the Healthy Aging Program, which coordinates multi-disciplinary healthy aging activities across the agency has raised the visibility and importance of older adult health among CDC programs designed to address specific diseases, conditions, or problems, such as diabetes and injury. Externally, CDC works collaboratively with the U.S. Administration on Aging (AoA), as both agencies have as part of their respective missions promoting health and well-being among older adults. Additionally, CDC has developed a broad base of other partners from the aging network. These partners include AARP, the National Institute on Aging (NIA), the American Society on Aging (ASA), the National Council on the Aging, the National Association of State Units on Aging (NASUA), and the National Association of Area Agencies on Aging—all of which serve older adults in communities across the nation.

KEY STRATEGIES FOR HEALTHY AGING

Healthy aging is the development and maintenance of optimal physical, mental, and social well-being and function in older adults. This definition of healthy aging, created by the CDC Prevention Research Centers Healthy Aging Research Network and adopted by the CDC Healthy Aging Program, forms the basis for the key strategies that CDC has developed to address the health needs of older adults. Healthy aging

is most likely to be achieved when physical environments and communities are safe and support the adoption and maintenance of health promoting attitudes and behaviors. Among these are the effective use of health services and community programs to prevent or minimize the impact of acute and chronic disease on function (Figure 1, inner circle).

These key CDC strategies include the following: increasing healthy behaviors, reducing the factors that lead to injury and disability, increasing the use of adult immunizations and preventive screenings, and assisting older adults in managing existing chronic conditions.

1. Increasing healthy behaviors. Regardless of one's age, race, or sex, a healthy lifestyle based on healthy behaviors is something we can and should develop as early in life as possible and continue as we age. For example, because nearly 40 percent of deaths in the United States can be attributed to smoking, physical inactivity, poor diet, or alcohol misuse, adopting healthy behaviors such as avoiding tobacco use, being physically active, eating nutritious foods, and avoiding alcohol or drinking in moderation can prevent or control the devastating effects of many of the nation's leading causes of death (www.cdc.gov/aging).

Educating older adults about the benefits of prevention and providing them with opportunities to adopt healthy lifestyles are important goals for the CDC Healthy Aging Program. Although research has made important progress in identifying the causes of disease, injury, and disability as well as the effectiveness of interventions targeting risks for these conditions, we have been less successful in getting the benefits of this research out to older adults.

The CDC funded the Prevention Research Centers Healthy Aging Research Network (PRCHAN) to fill this gap by ensuring that the findings of public health research on lifestyle behaviors are effectively put into practice with older adults. A key component of the overall Prevention Research Centers program, which consists of thirty-three universities, is community involvement which includes selecting priority areas for research and being involved in all aspects of the research process. From the beginning, communities are engaged and take

ownership in the process, thus helping to ensure that findings and knowledge gained are applicable to them.

Specifically, the PRC-HAN is a group of nine universities that study the factors that contribute to healthy aging and use that knowledge to develop programs to improve the health of older adults in the community. Network members work with committees formed from their local communities to identify populations of interest and to gain access to older adults in those populations. The committees assist in recruitment and retention of research participants, provide consent to the research methods proposed, and later, assist in putting effective interventions into practice in the community.

Researchers within the PRC-HAN bring special expertise in assessing interventions that address health disparities. The researchers also have the capacity to develop and evaluate interventions across all the member sites in different geographic areas with varied demographic characteristics. The research agenda of the PRC Healthy Aging Research Network is broad, including mental health and nutrition issues, and has an initial focus on physical activity interventions for older adults. Physical activity interventions by the center network are addressed in more detail by Hughes and colleagues in this issue.

One way to disseminate health messages is to make use of the broad reach of the media. In 2002, CDC, ASA, and the Journalists' Exchange on Aging, a group of journalists on the "age beat", began a project to address information gaps related to CDC's work, health issues on which journalists are reporting, and key health messages needed by the public. The project provides journalists who focus on aging issues with up-to-date information on CDC's scientific and programmatic activities in the form of written "backgrounders" that focus on ways older adults can reduce their risk of common diseases like arthritis, diabetes, and injuries (resulting from falls, for example).

The success of programs and policies aimed at increasing the adoption of healthy lifestyles can be measured in part through tracking the trends of key indicators associated with health and well-being. The State of Health and Aging in America 2004 report is a key benchmarking

tool to measure how effectively we are closing the gap between Healthy People goals and the current health status indicators of older adults. The report also serves the role of providing high-quality health information to multiple audiences. This national and state-based report includes measures of health status, health behaviors, injury, and the use of preventive care services. Additionally, the report includes a spotlight section on physical activity that presents more in-depth data, directs professionals to additional resources, and provides state-based program examples that can be modeled in other locales. The report can be used by practitioners to target groups of older adults at risk, identify health priorities, and plan interventions to address them. Policy makers will be able to use the report to allocate resources and measure outcomes.

2. Reducing the prevalence of hazards and risk factors leading to injury and disability. In addition to the media backgrounder on falls-related injury, CDC has also funded ASA to develop free web-based health-promotion modules to educate practitioners and provide them with tools to develop health education programs for their older adult clients (www.asaging.org/cdc). One module is dedicated to the complex issue of keeping older drivers safe on the road. The module provides a number of strategies that can help older adults enhance their driving safety and remain mobile, addresses the cognitive and functional challenges that older adult drivers face, and suggests how friends and families can openly discuss alternatives to driving when safety is an issue. The module is designed to provide a balanced look at the latest research, highlight key messages, and provide templates and resources to minimize the time required to develop a health education program. See the article by Dellinger and Stevens for a look at a number of other current CDC activities on preventing injury.

3 and 4. Increasing the delivery of clinical preventive services: immunizations and preventive screenings. Difficulties in getting clinical preventive services to older adults persist, even though many of these services are covered by Medicare. To address this situation, CDC has focused its attention on two priority actions: increasing the delivery of influenza and pneu-

mococcal immunizations and increasing preventive screenings for early disease detection.

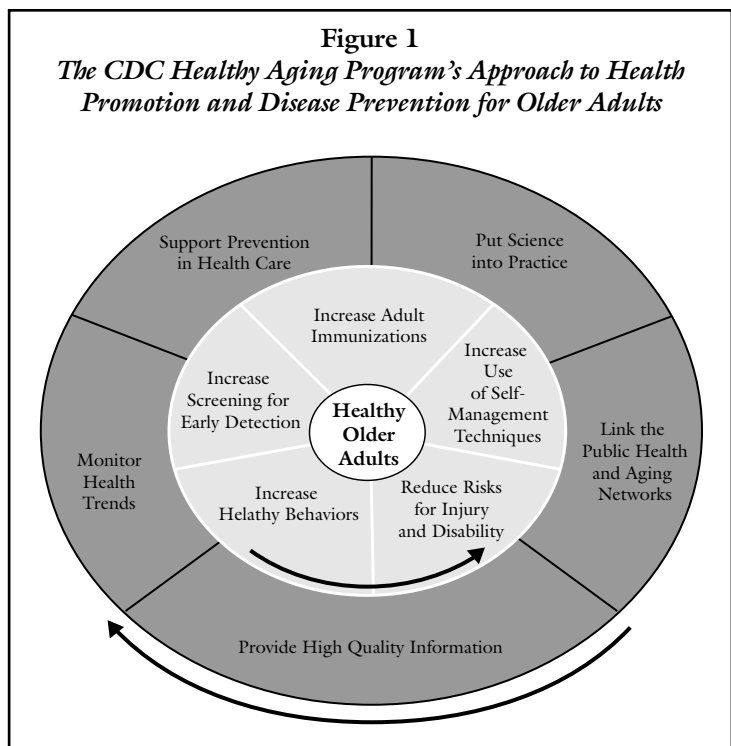
Available immunizations are very effective in reducing a person's risk of hospitalization and death from these diseases but are underutilized, with approximately 36,000 older adults dying each year of influenza and invasive pneumococcal disease. African American and Hispanic adults in particular have significantly lower rates of immunization compared to the rest of the population. CDC is addressing this health disparity through the Racial and Ethnic Adult Disparities in Immunization Initiative (READII) program, a multi-year demonstration project being conducted at sites in Chicago, Rochester, New York, San Antonio, Texas, Milwaukee, Wisconsin, and nineteen counties in the Mississippi Delta region. Its purpose is to better understand how to improve vaccination rates for African Americans and Hispanics who are 65 years of age and older (www.cdc.gov/nip/specint/readii/default.htm). READII sites are joining with public health practitioners, medical providers, and community organizations to develop science-based interventions and creative approaches to increasing immunization levels. For example, they are focusing on non-traditional as well as traditional settings to increase consumer demand for the provision of vaccination services. At the conclusion of the demonstration project, CDC plans to share lessons learned from the READII project and encourage replication of successful components in other sites across the country.

A program that has had demonstrated success in increasing the use of adult immunizations and other preventive services is the SPARC program, or "Sickness Prevention Achieved through Regional Collaboration." SPARC, established in 1994, is a nonprofit organization that is improving

the health of elders in a four-county area of New England, where it coordinates and nurtures a regional network of providers, local hospitals, local aging and public health agencies, and community-based social service organizations. SPARC does not compete with local agencies or provide services directly. Rather, it serves as the organizing and communications bridge between the healthcare, public health, and aging and social services networks.

Through joint planning and outreach with its partners, SPARC is able to enhance and facilitate the provision of preventive services within medical practices and other settings, to remove access barriers encountered by older adults, and to help establish local accountability and coordination. SPARC's success has been documented using proven evaluation methods supported by CDC (Shenson et al., 2001). Among this program's accomplishments are doubling the annual rate of pneumococcal immunizations in Dutchess County, New York, and developing a model mechanism for redistributing influenza vaccine when it is in short supply, thus assuring broader access for those most at risk. Both READII and SPARC are good examples of pro-

Figure 1
The CDC Healthy Aging Program's Approach to Health Promotion and Disease Prevention for Older Adults



grams putting science into practice by strategically linking the public health and aging services networks and supporting prevention in health-care settings.

As with immunizations, challenges exist in getting preventive screenings, such as those that detect cancer in its early stages, to the older adults who need them. For example, 60 percent of Americans over age 65 have not had a sigmoidoscopy or colonoscopy in the previous five years to screen for colorectal cancer, even though these procedures are covered by Medicare. Building on its success with adult immunizations, SPARC is looking at ways to enhance its effectiveness in linking the provider community to older adults by combining multiple prevention services into one visit. For example, annual influenza clinics are a very efficient setting in which to promote breast cancer screening among older women. Women age 50 and older attending an influenza vaccine clinic can be offered the option of receiving an appointment call from a collaborating radiology facility of their choice, thereby increasing the likelihood that they will get mammograms. Similarly, diabetic foot exams can be given at the same time as cholesterol or blood sugar levels are checked. Creative strategies like these can help ensure that older adults receive all the routine screenings they need.

5. Increasing the use of effective self-management techniques for those who have chronic diseases. Prevention of chronic diseases among older adults is understandably one of CDC's primary goals; some 80 percent of adults over age 65 have at least one chronic disease, and half of all older adults have two or more (Hoffman, Rice, and Sung, 1996). It is possible to effectively manage a number of chronic diseases, including cancer, diabetes, and cardiovascular disease, to help preserve older adult independence and quality of life. A number of programs exist to empower older adults to take a major role in effective management of their chronic diseases. For example, Stanford University developed the Arthritis Self-Help Course, designed to teach people to manage their arthritis, which has been shown to reduce arthritis pain by 20 percent and physician visits by 40 percent. Work is currently underway to enhance involvement because, unfortunately,

less than 1 percent of Americans with arthritis have participated in this program to date.

CDC encourages the use of these types of programs through the SENIOR (State-based Examples of Network Innovation, Opportunity and Replication) grants program, which evolved from recommendations provided in the Aging States Report (see Palombo and colleagues, this issue). The SENIOR grants initiative is a partnership between CDC, AoA, the Chronic Disease Directors, and NASUA. The program funds state health departments and state units on aging to work collaboratively to conduct one-year, evidence-based demonstration projects in one of three topic areas: chronic disease self-management, clinical preventive services, and physical activity. More recently the promotion of oral health has been added to the program.

The CDC Healthy Aging program works at the national level to enhance the capacity of public health agencies and the aging services network to increase the awareness and adoption of evidence-based programs for disease prevention and health promotion. As part of this initiative, over the past year CDC has been involved in the planning and delivery of several conferences targeted to multidisciplinary state teams. For example, CDC worked with the National Governors Association (NGA) to promote disease prevention and health promotion programs. In August 2004, the NGA academy titled "Rebalancing Long-term Care Systems Towards Community Living" was co-sponsored by NGA's Center for Best Practices, AoA, CDC, and the Substance Abuse & Mental Health Services Administration. The policy academy is a process supported by the NGA to affect change in state systems by providing leadership, technical assistance, and support to state policy makers. This particular NGA Policy Academy brought teams of policy makers from eight states together with national experts to develop customized strategies for balancing state long term care systems and improving access to and options for healthy community living by older adults. CDC also co-sponsored the workshop "Evidence-Based Disability and Disease Prevention for Elders: Translating Research into Community-Based Programs: A Workshop for State and Local Teams" in December 2004. This program was led by the Agency

for Healthcare Research and Quality, with cosponsorship from AoA, the NIA, Centers for Medicare & Medicaid Services, and CDC. A total of eleven state teams were competitively selected to participate in the workshop. The two-day workshop was designed to assist participants in developing strategies that proactively respond to the challenges associated with the aging of the population and projected growth in the numbers of people with chronic conditions by implementing interventions that have proven to be effective in reducing the risk of disease, disability, and injury among older adults.

THE FUTURE OF OLDER ADULT HEALTH AT CDC

Overall health is an important component in a comprehensive system of providing for the needs of older adults. The individual goals and pursuits of older adults, such as visiting with friends and family, volunteering in the community, or developing a new skill or talent are facilitated by good physical, mental, and spiritual well-being. CDC has examined its goals and structure in order to be more poised and flexible to contend with the public health challenges of the 21st century. One of the key challenges will be the rapid growth in the older adult population in the coming decades, but an investment in the health of older adults will allow CDC to be ready. CDC is now concentrating on a life-stages approach to the health of Americans, with adults age 50 and older being one priority population. CDC can use a holistic approach to address multiple diseases and conditions at one time to better promote overall health and well-being. Often diseases share common risk factors and comorbidities, and older adults would benefit from integrated information and interventions. To ensure healthy lifestyles in older adults, CDC will continue to work with its partners in the aging network, will support prevention activities in the health-

care delivery system, and will continue to develop new relationships with organizations that support and provide services for older adults. Internally, we continue to develop relationships with programs across CDC to better integrate issues related to older adults into program and research activities. Although the issue of healthy aging extends beyond health promotion and disease prevention, the work of CDC and its partners in public health and aging can help in meeting the challenges we face as the population ages. ☺

Jason E. Lang, M.P.H., M.S., is public health advisor; Margaret J. Moore, M.P.H., is public health advisor; Andree C. Harris is policy analyst; and Lynda A. Anderson, Ph.D., is branch chief, all at Health Care and Aging Studies Branch, Division of Adult and Community Health, National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention, Atlanta, Ga.

Anderson is also an adjunct associate professor, Department of Behavioral Sciences and Health Education, Rollins School of Public Health, Emory University, Atlanta, Ga.

REFERENCES

- Centers for Disease Control and Prevention. 2004. *The Burden of Chronic Diseases and Their Risk Factors: National and State Perspectives 2004*. Atlanta, GA: U.S. Department of Health and Human Services.
- Gerontological Society of America. 1998. *Public Health and an Aging Population: A Call to Action*. Washington, D.C.: The Gerontological Society of America.
- Hoffman, C., Rice, D., and Sung, H. 1996. "Persons with Chronic Conditions: Their Prevalence and Costs." *Journal of the American Medical Association* 276(18): 1473-9.
- Rowe, J. W., and Kahn, R. L. 1998. *Successful Aging*. New York, NY: Dell Publishing.
- Shenson, D., et al. 2001. "Pneumococcal Immunizations at Flu Clinics: The Impact of Community-Wide Outreach." *Journal of Community Health* 26(3): 191-201.