



PROMOTING HEALTHY AGING RESOLUTION

Call for workforce development, advocacy, health education and promotion to help older adults attain better health and less disability

Adopted by the SOPHE Board of Trustees

January 11, 2017

WHEREAS, the Society for Public Health Education adopted a policy resolution in 2006 on healthy aging that met the following goals by 2016: established community of practice, published journal supplement issue, and arranged continuing education; and

WHEREAS, the U.S. population aged 65 and older (i.e., “older adults”) will reach nearly 89 million by 2050, or about 1 in 5 Americans, more than double the number of older adults in 2010 (Centers for Disease Control and Prevention [CDC], 2013); and

WHEREAS, improved health and social conditions during the 20th century led to increased life expectancy (CDC, 1999), and additional gains are possible with health education and health promotion efforts throughout the lifespan; and

WHEREAS, longer lives extend exposure to environmental and behavioral risks, leading to corresponding patterns in injuries, communicable diseases, chronic diseases, disability, and social, and economic costs (CDC, 2013; World Health Organization [WHO], 2015); and

WHEREAS, racial and ethnic minorities and groups with low incomes and educational attainment experience persistent disparities in life expectancy because of disparate environmental exposures, access to quality care, behavioral risks, injuries, chronic conditions, infectious diseases, and disabilities (CDC, 2013; United Health Foundation, 2015); and

WHEREAS, infectious diseases persist among older adults, who suffer from vaccine-preventable diseases (CDC, 2016), are more susceptible to hospitalization and death related to foodborne illnesses (Pew Charitable Trusts, et al., 2014), and account for over 40% of all health care-associated infections (Magill, et al., 2014); and

WHEREAS, chronic diseases -- heart disease, cancer, stroke, respiratory conditions, diabetes, Alzheimer's disease, arthritis and musculoskeletal disorders, and others -- are the leading causes of disability and long-term care needs and constitute about 95% of U.S. health care costs for older adults (CDC, 2013; National Center for Health Statistics, 2015); further, two-thirds of older adults have more than one chronic condition, and such multiple chronic conditions are costly (CDC, 2013), with management complicated by cognitive impairment (Alzheimer's Association,

2016); and 29% of older adults have a “below basic” level of health literacy, which also impedes self-care (CDC, 2009); and

WHEREAS, falls, many of which are preventable, are the leading cause of fatal and non-fatal injuries for older adults with one in three falling each year, resulting in more than 2.5 million injuries treated in emergency departments (CDC, 2015); further, vision loss from eye disease is a major risk factor for falls (Coleman, et al., 2004); and

WHEREAS, depression, a common mental health problem for older adults, negatively affects functioning, health outcomes, and quality of life and may lead to suicidal thoughts and substance abuse (Substance Abuse and Mental Health Services Administration [SAMHSA], 2011); and

WHEREAS, nearly 39% of older adults reported one or more disabilities (U.S. Census Bureau, 2014), many of which are preventable, with roots in chronic conditions (CDC, 2016) as well as neuropsychiatric disorders (NIMH, 2013); moreover, 34% of adults age 75-84 years and 57% aged 85 and older have moderate to severe functional limitations (Medicare Current Beneficiary Survey, 2011), yet almost 90% of older adults want to remain in their homes and communities (Farber, et al., 2011); and

WHEREAS, more than 34 million unpaid family caregivers provide care to someone aged 50 and older, and family caregivers have poorer physical and mental health outcomes than their peers, and 27% of family caregivers have an unmet need for self-care information (AARP, 2015); and,

WHEREAS, 70% of physical and mental decline associated with aging relates to specific behaviors (CDC, 2015), yet some physical, mental and social leisure activities can be protective (Cadare et al., 2012), and older adults can make modest lifestyle changes yielding significant results (National Institute of Diabetes and Digestive and Kidney Diseases, 2015); nonetheless, in the past year, physical inactivity increased from 29% to 33% of older adults (United Health Foundation, 2015); and

WHEREAS, public health experts recommend promotion of healthy aging using an ecological framework to enhance social and physical environments, systems including health care, and individual health behaviors (CDC, 2013; WHO, 2015); further, parks and recreation, walkable communities, and well-designed interventions can improve the health status of the elderly (Wilkinson, Eddy, & Burgess, 2002).

THEREFORE, BE IT RESOLVED THAT SOPHE WILL JOIN WITH OTHERS TO ASSURE ANOTHER CENTURY OF PROGRESS IN PART THROUGH THE FOLLOWING ACTIONS TO PROMOTE HEALTHY AGING:

Internal Actions

RESOLVED That SOPHE will continue to support the Healthy Aging Community of Practice to ensure the capacity of SOPHE and health education specialists to provide needed services to the rapidly growing older adult population and to advance the field; and be it further

External Actions

RESOLVED, That SOPHE will work with other organizations in the fields of population health, aging, and health care on external actions; and be it further

RESOLVED, That SOPHE and its partners will develop health education and health promotion professionals' competencies to assure a basic understanding of aging; current status of older adults' health and wellbeing, including disparities; evidence-based interventions to improve health and quality-of-life outcomes; and policy, systems, and environmental conditions to improve older adults' health; and be it further

RESOLVED, That SOPHE and its partners will expand opportunities for health education and health promotion specialists to provide their particular expertise throughout clinical and community settings that serve older adults; this effort will require not only research that develops and tests models of health education and promotion specific to older adults but also promotion of models found to be effective; and be it further

RESOLVED, That SOPHE and its partners will promote the adoption of healthy aging definitions and models at all levels of public health; and be it further

RESOLVED, That SOPHE and its partners will advocate for changes in policies, systems, and environments that not only support health across the lifespan in order to reduce the burden of disease and disability in older adults, but also to assure older adults have ready access to health promotion and health education supports and services to have longer lives with better health and less disability.

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