Healthy Aging: The Key to Our Future Marie S. Bonavoglia, Ph.D., PA-C Marywood University

Disclosures

• No relevant commercial relationships to disclose.



Objectives

At the end of this session, participants should be able to:

- Recognize the increase in the number of elderly citizens in the U.S. from the 20th century to the present
- Recognize the importance of allowing elders to age-in-place with respect to personal choice
- Recognize the importance of allowing elders to age-in-place with respect to financial savings for payers

Quest for youth



increases frailty

Aging

increases susceptibility to disease

decreases resilience or ability to bounce back

lowers the threshold of stress that our bodies can withstand

What is the greatest risk factor for the development of disease?

- a. smoking
- b. sedentary lifestyle
- c. aging
- d. unhealthy diet

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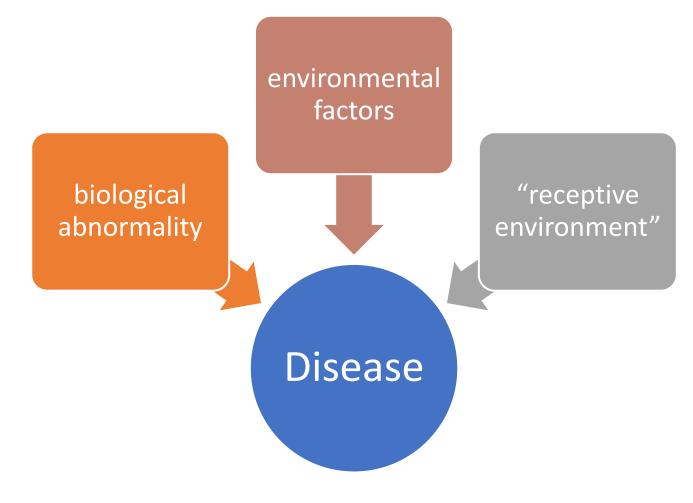
Why do we age differently?

- "young" 75-year-old vs "old" 75-year-old"
 - routines
 - regular exercise
 - environments
 - healthy behaviors

Geroscience

- "an interdisciplinary field that aims to understand the relationship between aging and age-related diseases and disabilities" (Serra, 2016)
- attempts to understand disease as we age
- WHY is age a risk factor for disease?

Development of disease



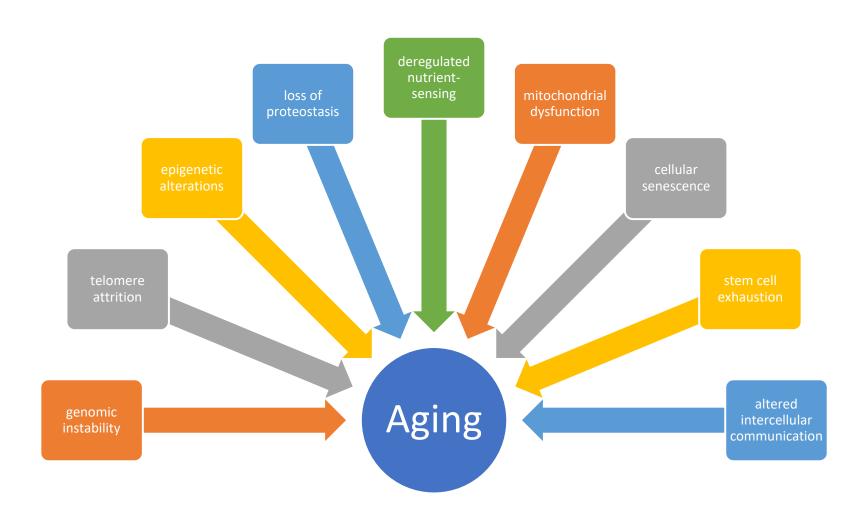
(Krtolica & Campisi, 2003)

How old are you?

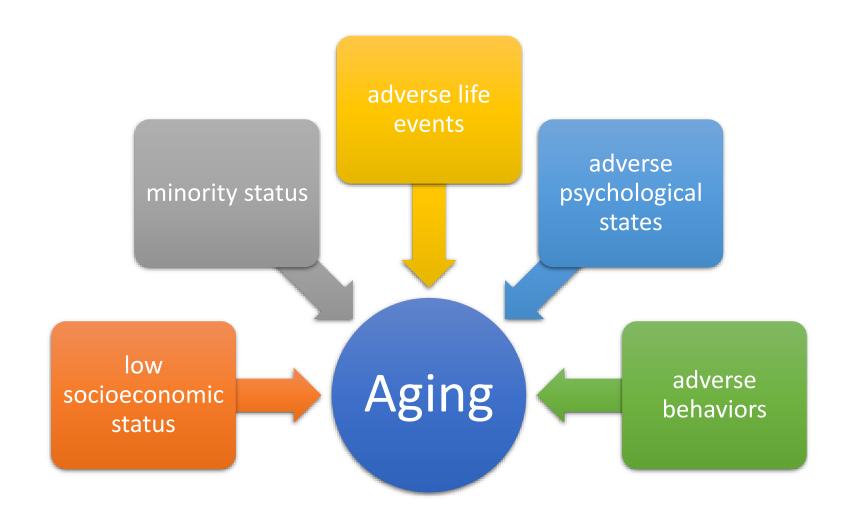
Chronological age ≠ Biological age



Biological Hallmarks of Aging



Social Hallmarks of Aging



Which of the following are biological hallmarks of aging?

- a. cellular senescence
- b. altered intercellular communication
- c. mitochondrial dysfunction
- d. all of the above

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Geroscience

- attempts to prevent or delay the onset of disease
- attempts to be proactive with disease or prevent disability rather than be reactive



Aging

- Greatest risk factor for the development of disease
- Why does pathology occur as we age?



How long do we want to live?

Quality

- Fewer years
- Perhaps no suffering?
- Independence

Quantity

- More years
- Disease/disability in later years?
- Dependence

Elders do contribute



ELDERS VS TEENS IN THE WORKFORCE (2015)

8.4 millions)

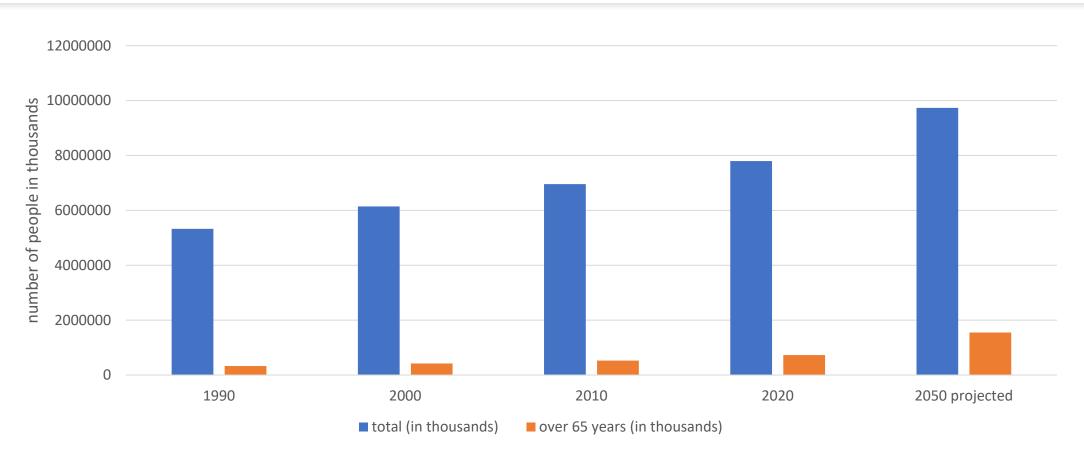
4.7 millions)

Why is the number of elders increasing?

- Improved healthcare
- Advances in medical research

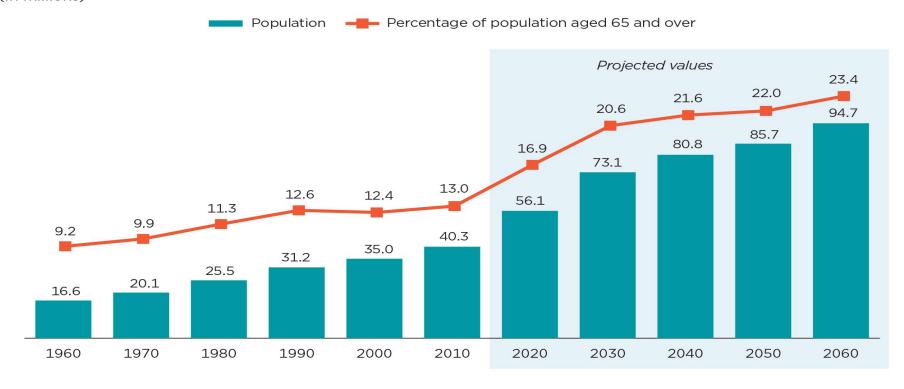
Implementation of sanitation

Global population



US Aging

Figure 1. **Older Population Aged 65 and Over**(In millions)



Source: U.S. Census Bureau, 1960-2010 decennial censuses, 2017 National Population Projections.

In 2020, there were 727 million persons aged 65 years or over globally. How many are projected in 2050?

- a. 900 million
- b. 1.2 billion
- c. 1.5 billion
- d. 3 billion

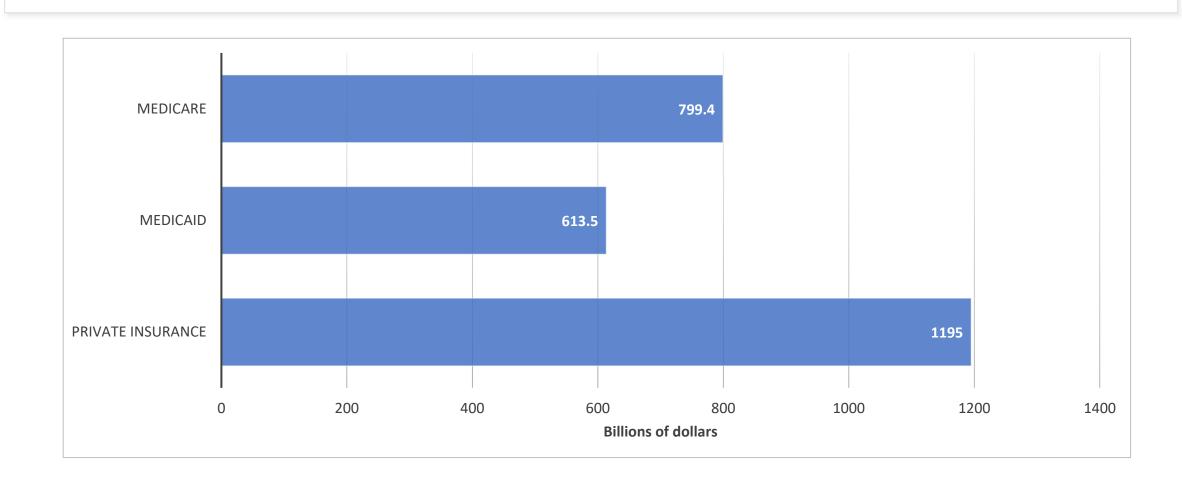
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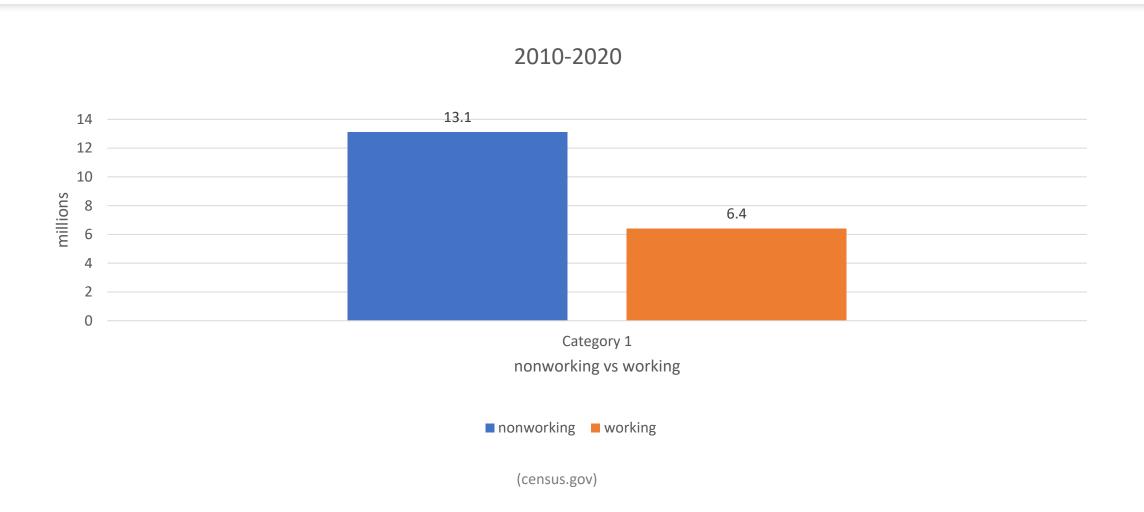
Baby Boomers

- 1946-1964
- 78 million births in the U.S.
- 73 million alive today
- oldest turned 65 years in 2011
- youngest will turn 65 in 2029

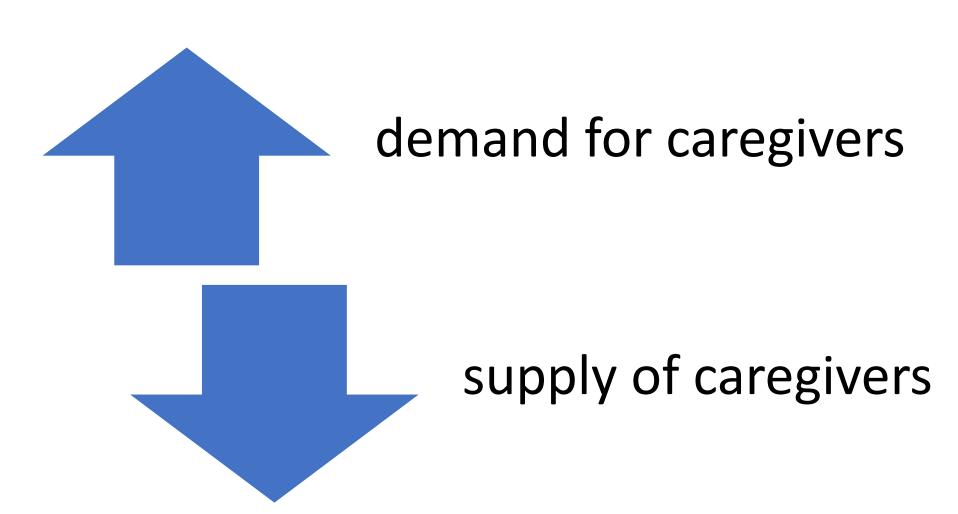
Increase in U.S. Healthcare Spending in 2019

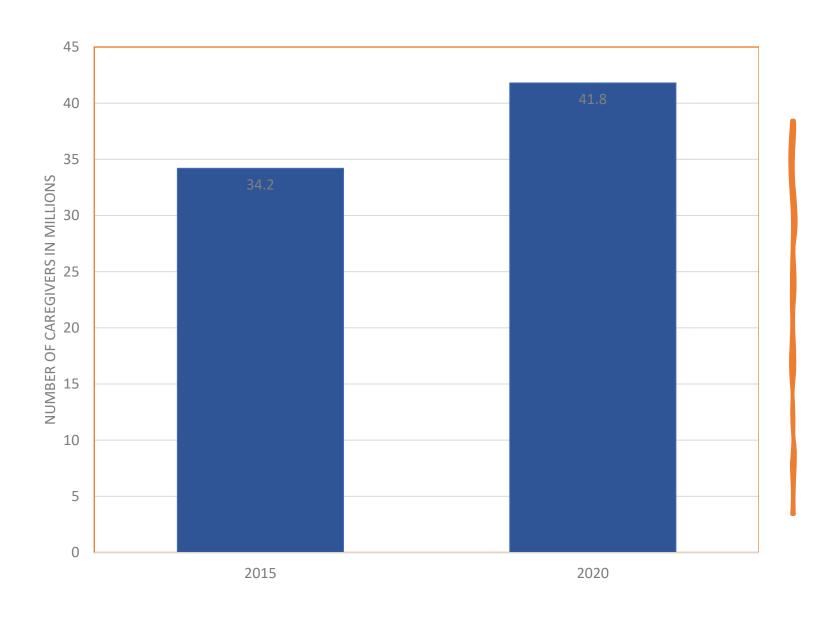


Increase in Nonworking Age vs Working Age



Caregivers

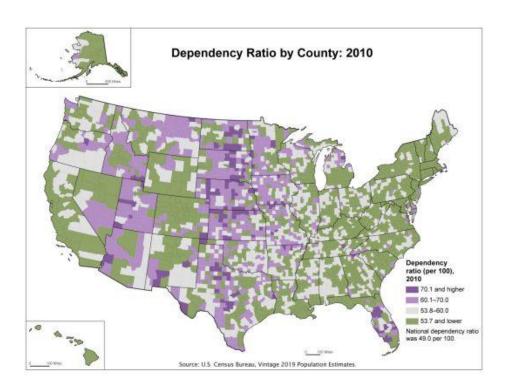




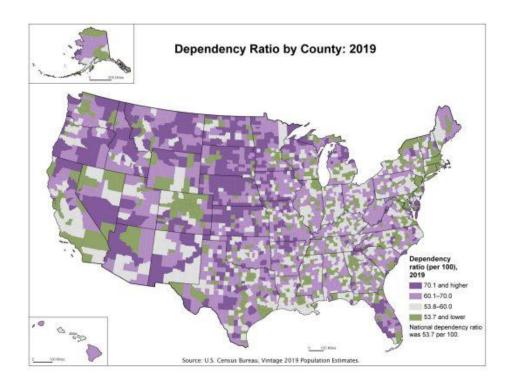
Number of unpaid caregivers in the US

Increasing Dependency

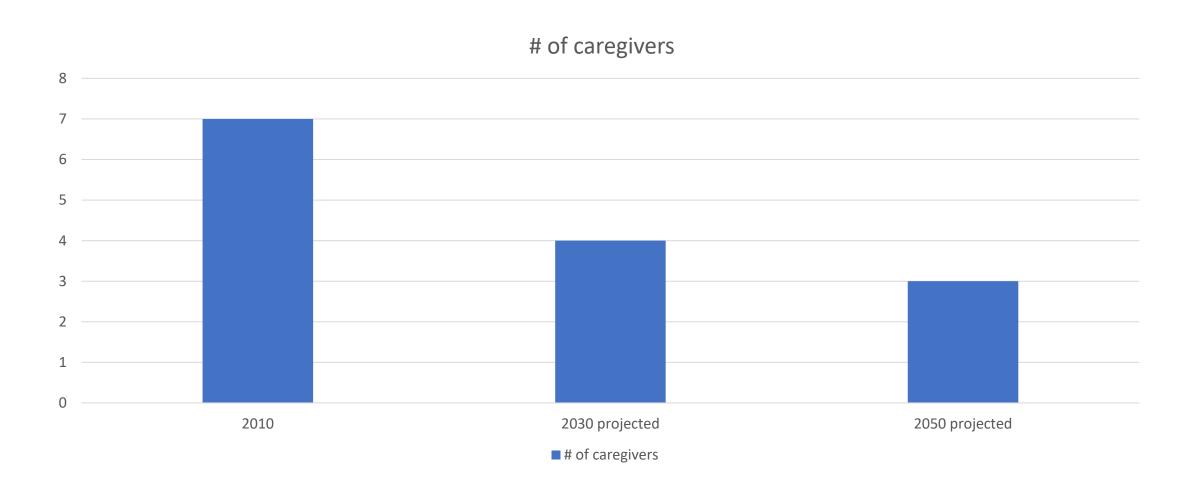
Dependency ratio 2010: 49 per 100



Dependency ratio 2019: 53.7 per 100



Caregiver support ratio



Aging of what generation is causing the "silver tsunami"?

- a. the millennials
- b. the baby boomers
- c. generation x
- d. silent generation

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WHO: The Global Strategy & Action Plan on Aging & Health

- Healthy Aging
 - "process of developing and maintaining the functional ability that enables well-being in older age" (WHO, 2016)
- Functional Ability
 - the ability to do what one wants to do including:
 - meet their basic needs
 - learn, grow and make decisions
 - be mobile
 - build and maintain relationships
 - contribute to society

Society must provide

- help in the home
- adaptations to the existing home if needed
- healthcare/medications
 - in the home
 - long term care facility
- socialization
- food
- financial means to support themselves

Age-in-Place

- "to continue to live in one's home safely, independently, and comfortably in a familiar environment" (Merriam-Webster)
- possible solution to public health issue
- favored by the elderly
 - improves quality of life
- encourages good physical health
 - increased use of preventative services
- strengthen community infrastructure

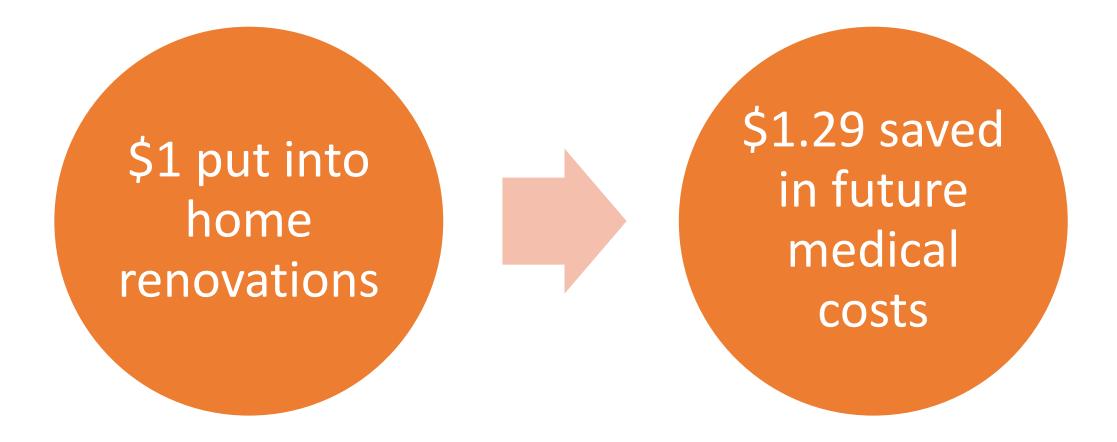
Age-in-Place

- tremendous financial savings compared to living in any type of facility
 - waivers can be awarded to many elders compared to financing one elder in a nursing home
- improves quality of life without any type of compliance
- make accommodations to the home to fit the elder's changing needs

Age-in-Place

- Waivers have begun to be put in place
 - assistance in the home
 - assistance within the community
- Encourage Medicaid to direct funds to adapting homes
- The projected estimate for basic safety adaptations is \$2,579
 - includes grab bars, railings, shower seats, ramps

How much will it cost?



Admission to long term care facility

- Last resort
- Associated with a two fold increase in mortality vs living at home
- Increased depression
- Decreased cognition



For every \$1 put into home renovations for the elderly, how much will be saved in healthcare costs?

- a. \$0.50
- b. \$1.29
- c. \$1.79
- d. \$2.00

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Falls

- CDC estimated that 1 in 4 ppl over the age of 65 fall in their homes each year
- the direct cost of fall related injuries is \$50 billion annually
- estimate for a hospitalization due to a fall is \$30,000

home renovations

reduced number of falls

Aging ready homes

- step free entry way
- bedroom on the first floor
- full bathroom on the first floor
- at least one bathroom accessibility feature
 - handrails
 - grab bars
 - elevated toilet

CAPABLE program

- Community Aging in Place, Advancing Better Living for Elders program
- "Determine whether the program would save Medicaid more money than it costs to provide the interventions
- 5-month program to reduce the health effects of impaired physical function in low-income older adults by addressing individual capacity and the home environment.
- used interprofessional team (occupational therapist, registered nurse, handyman) to help older adults attain self-identified functional goals"

CAPABLE program

- "average Medicaid spending per participant was \$867 less per month than that of their matched comparison counterparts
- observation period average 17 months
- largest differential reduction in expenditures were for inpatient care and long-term services and supports
- reduced Medicaid spending could pay for the cost of the program and provide further Medicaid program savings due to averted services use"

Allowing elders to age-in-place

- Provide them with the necessary adaptive devices and accommodations to the home to allow them to age-in-place safely
- Continue to petition Medicare/Medicaid to fund non-medical amenities that will help pay for the necessary adaptations
 - Make government officials aware of the cost savings of adaptations to the home vs. admission to a long-term care facility
- Respect the elders desire to continue to live in their home to preserve their independence and autonomy allowing for an improved quality of life



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