

# Administration on Aging: Evidenced-Based Disease Prevention Program

## Background

Chronic diseases and conditions affect most older people at some point in their lives. Four out of five older adults have a chronic condition and many experience limitations in activities due to such conditions. Eighty percent of the “illness burden” in the United States is the result of chronic illness occurring between the age of 55 and death.

### *What are Common Chronic Conditions?*

Among the most common or severe chronic conditions affecting persons aged 65+ are hypertension (37%), heart disease (15%), arthritis (48%), diabetes (10%), hearing impairments (32%), and major depression (5-10%). Seventy percent of older adults have more than one chronic condition. Co-morbidity puts people at greater risk of functional decline and raises health care utilization and costs.

Increases in the prevalence of chronic conditions and co-morbidity are leading to a growing number of older persons with functional limitations.

There is substantial and growing evidence of the effectiveness of proactive management of chronic diseases and conditions with special attention to risk factors, health promotion, and preventing or delaying the progression of disability.

### *Evidenced-Based Prevention*

Evidence-based prevention programs are interventions that are based on evidence that is generated by scientific studies published in peer-reviewed journals.

One source of such evidence includes U.S. Department of Health and Human Services (HHS) sponsored research. As a result of several studies, there is now evidence documenting the effectiveness of risk factor interventions related to physical activity, nutrition, smoking cessation, medication management, falls prevention, and disease self-management.



### *The Team Approach*

Successful care management of chronic conditions requires a team approach. Community Aging Services Provider (CASP) organizations, working with healthcare provider organizations, are uniquely positioned to play a major role in assuring the availability and utilization of evidence-based disability and disease prevention programs for older people. Aging Services Network CASPs are particularly suited to reach the underserved elderly who often need such programs the most.

## What Is The Administration On Aging’s Evidenced-Based Disease Prevention Program?

In September 2003, the Administration on Aging announced the funding of community

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grants to develop evidence-based disease prevention demonstration projects. Twelve grants, totaling over \$2 million per year for a three year period were awarded as part of a public/private partnership to increase access for older people to programs that have proven to be effective in reducing the risk of disease, injury, and disability.

The Evidence-Based Disease Prevention Grants Program will demonstrate how the Aging Services Network can implement evidence-based prevention programs through aging services providers at the community level.

The twelve grants have been awarded to the following local organizations: Philadelphia Corporation for the Aging, Philadelphia, PA; Senior Services of Albany, Albany, NY; North Central Area Agency on Aging, Hartford, CT; Southern Maine Area Agency on Aging, Scarborough, ME; Alamo Area Council of Governments, Antonio, TX; Little Havana Activity and Nutrition Center, Miami, FL; Partners in Care, Burbank, CA; Los Angeles, City Department on Aging, Los Angeles, CA, and; Neighborhood Centers, Harris County, TX; Elders in Action, Portland, OR; Sheltering Arms Senior Services, Houston, TX; Area Agency on Aging of Western Michigan, Grand Rapids, MI.

In addition to the local projects, AoA awarded a grant to The National Council on the Aging to establish a National Technical Assistance Center on Prevention for the Elderly to assist local organizations in developing evidence-based prevention activities.

### ***Who Are The Partners?***

The national partnership involves a variety of federal agencies and private foundations that are coordinating their efforts to help implement evidence-based prevention programs through aging services providers at the community level.

Evidenced-based grant projects must involve key community partners in the design, implementation and evaluation of their project, including at a minimum, a community aging service provider organization to deliver the intervention; a health agency or organization to assure the quality of the health components of the program; an Area Agency on Aging to assure that the program is linked to appropriate supportive services - and to help promote the adoption and expansion of successful programs in the community; and, a research organization to assist with the translation of the research evidence and with the program evaluation.

### ***Areas Of Focus***

The demonstrations each focus on a subject area where there is evidence documenting the effectiveness of risk-based intervention. The overall intent is to show how current aging network services providers can offer accessible, high quality disease prevention programming documented to be effective in reducing the risk of disability and/or disease in the following areas:

- ***Falls prevention:*** Thirty percent of community-living persons over 65 years and 50 percent over 80 years, fall each year. One in ten falls result in serious injuries such as a fracture. Falling increases the risk of permanent nursing home placement threefold while a fall injury increases the risk tenfold. The frequency, harm, and costs associated with falls plus the wealth of evidence supporting prevention combine to make fall prevention, imbedded in community programs serving large numbers of seniors, a cost-effective strategy for reducing functional decline, health care costs, and social service utilization among at risk seniors.
- ***Physical activity:*** The benefits of physical activity to the health and well-being of older adults have been well documented in

the scientific literature. The keys to achieving these benefits are consistent involvement in appropriate types and levels of activity. People age 60+ have the lowest rates of activity among all adults. Levels of physical inactivity are especially high for persons age 75 or older and for members of minority groups.

- ***Sound nutrition:*** The important role of nutrition as part of a program to limit the incidence and progression of chronic diseases is well established. People with diabetes, hypertension, and other chronic diseases can substantially benefit from programs that assist them in appropriate nutritional habits. The increase in obesity throughout the population is recognized as a major risk factor for chronic diseases.
- ***Medication management:*** There is evidence that community based programs to limit medication errors for elders yield positive results. Inappropriate medication usage by community-dwelling elderly persons has been documented to be between 12% and 40%. Errors in medications are ranked as the 4<sup>th</sup> leading cause of death for people over the age of 65.
- ***Disease self-management (e.g. diabetes):*** It has been conclusively demonstrated that with appropriate training and support, persons with chronic diseases can help to manage their own diseases. Such diseases as, diabetes, heart disease, hypertension, arthritis, and major depression have effectively used this approach as part of treatment for the disease.

- ***Depression:*** Nearly 20% of U.S. adults 65 years and older experience depressive symptoms. There is evidence that depression self-management programs can effectively address this problem.



## Who Is The Program Designed To Assist?

The program is designed to assist elderly people that have or are at high risk of getting chronic diseases. The funded projects will assist senior centers, nutrition programs, and other community agencies make prevention a reality in the every day lives of older people

## Additional Information

For additional information and descriptions of the AoA Evidenced-Based Disability Prevention Programs, please go to: <http://www.aoa.gov/prof/evidence/evidence.asp>

For additional information on the Administration on Aging, please visit the AoA website at <http://www.aoa.gov>

### FOR MORE INFORMATION

AoA recognizes the importance of making information readily available to consumers, professionals, researchers, and students. Our website provides information for and about older persons, their families, and professionals involved in aging programs and services. For more information about AoA, please contact: US Dept of Health and Human Services, Administration on Aging, Washington, DC 20201; phone: (202) 401-4541; fax (202) 357-3560; Email: [aoainfo@aoa.gov](mailto:aoainfo@aoa.gov); or contact our website at: [www.aoa.gov](http://www.aoa.gov)