


Healthy Aging: American Geriatrics Society White Paper Executive Summary

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In July 2015, the *Journal of the American Geriatrics Society* published a manuscript titled, “Failing to Focus on Healthy Aging: A Frailty of Our Discipline?” In response, the American Geriatrics Society (AGS) Clinical Practice and Models of Care Committee and Public Education Committee developed a white paper calling on the AGS and its members to play a more active role in promoting healthy aging. The executive summary presented here summarizes the recommendations from that white paper. The full version is published online at GeriatricsCareOnline.org. Life expectancy has increased dramatically over the last century. Longer life provides opportunity for personal fulfillment and contributions to community but is often associated with illness, discomfort, disability, and dependency at the end of life. Geriatrics has focused on optimizing function and quality of life as we age and reducing morbidity and frailty, but there is evidence of earlier onset of chronic disease that is likely to affect the health of future generations of older adults. The AGS is committed to promoting the health, independence, and engagement of all older adults as they age. Geriatrics as an interprofessional specialty is well positioned to promote healthy aging. We draw from decades of accumulated knowledge, skills, and experience in areas that

are central to geriatric medicine, including expertise in complexity and the biopsychosocial model; attention to function and quality of life; the ability to provide culturally competent, person-centered care; the ability to assess people’s preferences and values; and understanding the importance of systems in optimizing outcomes. *J Am Geriatr Soc* 67:17–20, 2019.

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Life expectancy has increased dramatically over the last century. This achievement can be attributed to medical and nonmedical factors, including better sanitation, better living and working conditions, safer transportation, immunizations, antibiotics, lower smoking rates, and prevention and treatment of cancer and cardiovascular disease.

Longer life provides opportunity for personal fulfillment and contributions to community but is often associated with illness, discomfort, disability, and dependency at the end of life. Geriatrics has focused on optimizing function and quality of life as we age and reducing morbidity and frailty, but we are seeing evidence of earlier onset of chronic disease that is likely to affect the health of future generations of older adults.¹ The American Geriatrics Society (AGS) is committed to promoting the health, independence, and engagement of all older adults as they age, enabling them to live their best lives possible throughout the life cycle.

DEVELOPMENT AND METHODS

In July 2015, a manuscript titled, “Failing to Focus on Healthy Aging: A Frailty of Our Discipline?” was published

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in the *Journal of the American Geriatrics Society*.² In response, the AGS Board of Directors charged the Clinical Practice and Models of Care Committee (CPMC) to develop a white paper calling on AGS members to play a more active role in promoting healthy aging. The CPMC, which is charged with ensuring that every older American receives high-quality, person-centered care by developing and disseminating best practices, developed this white paper in collaboration with the AGS Public Education Committee. The committees convened a workgroup that reviewed the current literature and examined relevant reports and studies pertinent to this objective. The AGS CPMC and the Public Education Committee reviewed and approved the draft paper, and the AGS Executive Committee reviewed and approved the paper and recommendations on behalf of the AGS Board of Directors in April 2018.

This executive summary presents the recommendations from that white paper. The full version of the paper is available on GeriatricsCareOnline.org.

What Can Geriatrics Add?

Geriatrics, as an interprofessional specialty of clinicians, researchers, educators, systems experts, and leaders, is well positioned to promote healthy aging. As clinicians, we understand complexity, we understand family systems, and we know how biopsychosocial determinants affect health and well-being. We are experts in culturally competent, person-centered care and skilled in assessing patient preferences and values and translating them into prevention, intervention, and advance care planning. We have spent the last several decades researching functional decline, frailty, and multimorbidity and understand the personal, systems, and financial costs of these outcomes. We have studied transitions – what optimizes them and what hinders them. This has set the stage for developing a greater understanding at the cellular, individual, and community level of how to maximize health and improve transitions. We understand the value of interdisciplinary teams in caring for the complex needs of older adults. We appreciate the importance of systems in enabling and optimizing health, whether for the high-functioning 95-year-old without comorbidities or the frail 65-year-old in his or her last year of life. Because of the limited supply of expert geriatricians, we know how to leverage limited personnel resources to deliver high-quality services.³

What Is Healthy Aging?

Many terms have been used to describe an ideal aging trajectory, including “successful aging,”⁴ “active aging,”⁵ “optimal aging,”⁶ “healthy aging,” “aging well,” “harmonious aging,”⁷ and “productive aging.”⁸ Because the AGS is dedicated to improving the health, independence, and quality of life of older people, we chose to use the term “healthy aging” to reflect the goals of the AGS, with the understanding that there are nuances associated with each term that the phrase “healthy aging” may not have captured.

Probing the goal(s) of healthy aging may help in defining it. Are we trying to optimize vitality over the life cycle? Promote longevity? Minimize healthcare use and costs? Enable individuals to work as long as possible? Plan

services to match needs? Increase the “longevity dividend”?⁹ All of the above? Or something else completely?

Defining healthy aging is a prerequisite to promoting it. A definition provides a common language that facilitates person-centered care and care planning. It allows us to distinguish optimal (healthy aging) from typical (usual aging) from inevitable (aging). A definition allows researchers to assess prevalence, compare groups, evaluate outcomes, identify predictors, track changes over time, and study interventions. Policy-makers can use a definition to identify best practices, develop services to match needs, and provide cost-effective care.

The World Health Organization (WHO) defines health as “complete physical, mental and social well-being, not merely ... the absence of disease or infirmity.”¹⁰ We support a multifaceted definition of healthy aging that acknowledges the importance of broad-ranging concepts central to geriatrics, such as culture, function, engagement, resilience, meaning, dignity, and autonomy, in addition to minimizing disease. Substantial research has demonstrated that older adults often view healthy aging differently than do researchers and clinicians and that individual perspectives on healthy aging change over time.¹¹ We detail these concepts in the full report (available on GeriatricsCareOnline.org).

Effect of Health Promotion Across the Lifespan

The growing number of people aged 65 and older is an ideal group to translate our current knowledge of health promotion into individual and community interventions, supporting health throughout the lifespan. We support the strategies that the U.S. Preventive Services Task Force recommend and advocate for approaches that go beyond prevention of a few established diseases or conditions.

Because older adults face a vast array of health concerns, which ultimately can restrict independence and hinder the ability to adjust to other adversity, we advocate for strategies that also facilitate multidimensional health outcomes.⁸ Dovetailing with the National Prevention, Health Promotion and Public Health Council Healthy Aging in Action, we propose health promotion strategies around 5 domains that support healthy aging: promoting health, preventing injury, and managing chronic conditions; optimizing cognitive health; optimizing physical health; optimizing mental health; and facilitating social engagement.¹² In the full report, we provide examples of primary, secondary, and tertiary prevention strategies in each domain according to the Levels of Prevention model.¹³

The Role of AGS and Its Members in Promoting Healthy Aging

Health promotion across the lifespan is a collaborative effort that extends beyond clinical services provided in practice settings. A lifespan approach that helps each aging person live the healthiest life possible will be most readily achieved if communities, healthcare systems, and clinicians work together to integrate the spectrum of preventive services to foster engagement and independence. As individuals and as a national organization, we can nurture this through advocacy as clinicians and leaders, building partnerships with community and public health stakeholders;

through public and professional education; through best practices that support healthy aging; and through research participation and support.

Advocacy

As advocates, we should facilitate collaboration across sectors of society, disciplines, and professions by highlighting incentives and frameworks for stakeholders to work together. We must acknowledge that healthy aging requires a community response in addition to a healthcare response. The WHO has set worthy priorities to promote healthy aging.¹⁴ First, health systems should be aligned to meet the needs of older populations while promoting healthy aging for those who have not yet become older adults. This must include access to older person-centered, integrated care that measures and reinforces the desired outcome of maximal function. Second, long-term care services and supports should be strengthened along a continuum of need. Third, everyone should have the opportunity to live and grow old in an age-friendly environment. Fourth, better measurement, monitoring, and understanding is needed to overcome major knowledge and research gaps. We can and should position healthy aging as an untapped resource with the capacity to provide inventive solutions as we live longer, healthier lives.

Education

As educators, we work at the individual and public health level to change minds and attitudes. This includes combating ageism, starting with changing the perceptions of older adults themselves about their worth and value as older adults.¹⁵ We should promote an understanding of the aging dividend or benefit that individuals and communities stand to gain when older adults age well. We need to educate individuals and the public to have appropriate expectations about aging – neither overly optimistic nor overly pessimistic.¹⁶ We must train our students in ways that promote respect, compassion, and dignity across ages and cultures. Interprofessional learning also provides a powerful format for healthcare professionals to appreciate expertise and effectiveness of the healthcare team.^{17–19} (see full report for specific examples—available on GeriatricsCareOnline.org).

Clinical

As clinicians, we promote healthy aging through clinical best practices that embrace the biopsychosocial model of function, disability, and health, emphasizing abilities and participation of the older adult in their families, work, and communities. In addition to disease-based cure, treatment, and comfort, a primary endpoint for healthy aging is optimizing functional status. We should work to replace the current cultural emphasis on staying young or pursuing youthful endeavors with age-friendly concepts of engagement, participation, contribution, interconnectedness, activity, and optimal function. The AGS supports interactions between healthcare providers and patients, such as the Medicare annual wellness visit, where the emphasis is on preventing illness and disability. Required content for wellness visits should be congruent with evidence of efficacy.

Advance care planning is an important component of healthy aging and wellness visits.

Research

Research aimed at cellular, individual, and community levels in all their multidimensionality and complexity is needed to advance our goal of healthy aging. We advocate for designing and implementing methodologically rigorous investigations that include process and outcome measures that are sensitive to people's goals and include measures of function, patient satisfaction, and quality of life. We also need better evidence to inform our understanding of the biomedical and psychosocial determinants of healthy aging. We must bridge the gap between promising basic research and its clinical application. The Alliance for Aging Research Healthspan Campaign seeks to close this gap and advocates for research into the basic biology of aging.²⁰ The AGS should work with and encourage organizations that fund and promote aging research, including the National Institute on Aging, to prioritize healthy aging research and usher in a new era of preventative medicine.

CONCLUSION

Promotion of a realistic, dynamic, multidimensional view of healthy aging is an important goal that supports the mission of the AGS. By collaborating with healthcare systems and communities, and emphasizing advocacy, best practices, education, and research, we can leverage our resources to enable individuals to live well throughout their lifespan. This white paper is a step toward these goals, and the AGS welcomes a dialogue about them, to continue to move this discussion forward.

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