

John A. Hartford Foundation Message Framework

[MAIN MESSAGE/CONTEXT]

1. An aging population will transform our society and our health care systems in the next century.

The demographics are clear; our society is aging and becoming more diverse.

[EVIDENCE]

- People 65 years or older comprised 12.4% of the U.S. population in 2004. By 2030, there will be about 71.5 million older persons. (AOA, 2005)
- The percentage of people over 65 by 2030 will be approximately 20% of the entire US population. This is greater than the percentage of older people in Florida today. (AOA, 2005)
- The number of those over 85 is projected to increase from 4.2 million in 2000 to 8.9 million in the year 2030. (AOA, 2006)
- Centenarians are the fastest growing age group in the U.S. By 2050, there may be as many as 1 million people over the age of 100. (U.S. Census Bureau)
- The percentage of people of color over the age of 65 will grow from 18% in 2004 to 36% by 2050. Hispanics will account for about 17.5% of the older adult population, up from 6.0% in 2004. (AOA, 2006)

[SUB-MESSAGES AND EVIDENCE]

This growing population poses challenges:

- The need to preserve both income security and health security for older adults is raising issues about the fiscal health Social Security, Medicare and Medicaid.
 - o From 2000 to 2030, the number of people on Medicare is projected to rise from 40 million to 78 million. (Kaiser Family Foundation Fact Sheet, April 2005)
 - o Medicare spending grew from 3.2% (\$6.2 billion) of the federal budget in 1970 to 12.4% (\$329.9 billion) in 2006. (Public Agenda, 2007)
- Our aging population will challenge the nation's financial and especially human resources.
- Our aging population will place significant stresses on the families, friends and communities responsible for caring for frail elders.
- All social services (e.g., housing, transportation, etc.) will have to adapt to meet the needs of older people.

But this growing population also presents important, though perhaps less obvious opportunities:

- The process of reforming and integrating health care systems for older adults can help improve these systems for all of us.
- Geriatrics and gerontology will attract increasing talent, and yield important health care innovations and new knowledge that benefit older adults and the rest of society.
- "Old age" is changing, and our perceptions of old age must catch up with the new realities of retirement and the growing, productive abilities of 65, 75 and even 85-year-olds.
 - o Contrary to popular perceptions, only 4.5% of older adults live in nursing homes, and only 18.2% of those over 85 live in these facilities. (U.S. Census Bureau, Census 2000 Special Tabulation).
- We must increasingly view older adults more positively, as valued and valuable citizens, as community assets, as a significant strand of the nation's broader tapestry.

[MAIN MESSAGE]

2. Reshaping and improving health care is necessary to meet the needs of the growing number of older people.

[SUB-MESSAGE]

Older adults require different kinds of medical care than younger adults.

[EVIDENCE]

- Disease patterns are different; there is more chronic disease and often there is the co-existence of multiple diseases and conditions.
- Older patients' preferences are different and highly diverse and generally reflect concerns about quality of life, rather than complete cure.
- Cost-benefit patterns are different.

[SUB-MESSAGE]

Addressing the psychological and social needs of older adults can improve their health, activity, and productivity.

[EVIDENCE]

- Providing better patient information and caregiver training can improve the effectiveness of interventions and improve rates of independence.
- Older adults often do not get the care they need because the components of the current health care "system" are too fragmented, and services are uncoordinated.
- Current systems, developed to "cure" episodic, acute illness in younger people, can be modified, so that older adults receive coordinated, ongoing care designed to manage chronic conditions over time.
- Redesigned reimbursement policies can attract physicians and other health care professionals to geriatrics and enable health care teams to manage the ongoing care older adults require efficiently and cost effectively.

- Along with systemic reforms, community providers will always have to adapt health care innovations to fit local realities and the needs and preferences of a diverse older population.

[MAIN MESSAGE]

3. We have to train more health care professionals qualified to meet the needs of older adults.

Our professional schools need to train more geriatricians, geriatric nurses, social workers and other health professionals who are well prepared to provide appropriate care for older adults and help their families navigate the complexity of our medical and supportive services systems.

[EVIDENCE]

- Currently, there is one more geriatrician for every 5000 adults age 65 and older. In 2030, it is estimated that there will only be one geriatrician for every 7,665 older adults, representing a 50% decline over the next 25 years. (AGS Fact Sheet/Web Site, 2007)
- There are 3.8 geriatricians for every 10,000 Americans over the age of 75. (2007 ADGAP study)
- Schools must "gerontologize" the training of internists, family practitioners, and other physician specialists, as well as nurses.

[SUB-MESSAGE]

Professional schools must augment the number of academic leaders who can:

- Provide us with new biomedical insights in aging research;
- Develop new clinical innovations in geriatric care; and train the next generation of doctors, nurses, allied health care professionals (including dentists, pharmacists, public health officials, nutritionists, and physical, occupational and recreational therapists) and social workers to care for older adults.
- Current practitioners and their disciplines must hasten to re-tool their capacities and competencies to meet the needs of an older population.

[MAIN MESSAGE]

4. Aging research provides the knowledge we need to live longer and healthier lives and reduce the human and financial costs of caring for older adults. Current practitioners and their disciplines must hasten to re-tool their capacities and competencies to meet the needs of an older population.

[EVIDENCE]

- For FY 2005, the federal government appropriated \$1.056 billion for the National Institute on Aging, just 3% more than in 2004, making it impossible to expand needed aging health research.
- This investment in research pays real economic dividends. It serves as an engine for economic growth and productivity and may eventually reduce the per capita cost of health care for older adults.
- Research and interventions that reduce the incidence or even lead to modest delays in the onset of the chronic diseases of old age can have dramatic human and economic benefits.
- Aging research must continue to study the whole range of lifestyle and medical care choices people make throughout their lifetimes and provide our society with the information we all need to live better lives.
- The new knowledge derived from aging research serves to improve the health and medical care of all people, not just older adults.
- Scientists throughout the medical community must include more older adults in research protocols to understand age-related differences in treatments and outcomes.
- Aging researchers must pursue more studies that examine the impact of race and ethnicity on health and care and that include members of under-represented minorities and women in their cohorts.

[MAIN MESSAGE]

5. JAHF is a committed champion of better health care, training, research, and service systems that ensure the well being and vitality of older adults.

[EVIDENCE]

- JAHF is deeply committed to the health and vitality of older Americans. It is the nation's leading private philanthropy with a sustained focus on aging and health.
- For almost two decades, JAHF has focused its grantmaking on improving geriatrics training and integrating health care services for older adults.
- JAHF's ongoing commitment to this area has served to build the institutional capacity of medical schools to train more geriatricians and build the field of geriatrics.
- We are confident that more recent investments in gerontological nursing and social work will have similar impacts on these professions.
- JAHF's investment has led to a variety of innovations in health care training and delivery including PACE, Guided Care, GITT, Care Management Plus, Hospital at Home, and others.

- JAHF invites and encourages innovative partnerships with other foundations and funders designed to increase the resources available to geriatrics and aging research and better meet the needs of older adults.
- JAHF looks forward to working with all public, non-profit and private groups dedicated to adding life to years, not simply years to life.