

United States Senate

SPECIAL COMMITTEE ON AGING

WASHINGTON, DC 20510-6400

(202) 224-5364

May 12, 2009

The Honorable Kathleen Sebelius
Secretary
U.S. Department of Health & Human Services
200 Independence Avenue, SW
Washington, D.C. 20201

Dear Secretary Sebelius:

As you are aware, the American Recovery and Reinvestment Act of 2009 (ARRA) created a \$1 billion Prevention and Wellness Fund to be administered by the Department of Health and Human Services. Of this amount, \$650 million is left to the discretion of the Secretary for evidence-based strategies that deliver specific, measurable health outcomes that address chronic disease.

This charge is particularly relevant for a growing population of chronically ill seniors, with a community-based infrastructure in place in the aging network to deliver proven results. Over 80 percent of Americans over age 65 have at least one chronic condition, and half have at least two. The costs in terms of both healthcare dollars and disability are staggering. Among older adults, chronic conditions account for nearly 95 percent of health care expenditures and limit the activities of 12 million people, decreasing their productivity and ability to live independently.

In response to these alarming statistics, in 2003 the Administration on Aging (AoA) began an evidence-based disease prevention grants program through the Older Americans Act. They describe evidence-based programs as, "interventions based on the application of principles of scientific reasoning, behavior change theory, and program planning that are proven effective in reducing the risk of disease, disability, and injury among the elderly." AoA is leveraging the research investments by NIH, CDC, AHRQ and other federal agencies in replicating interventions shown to produce improvements in health and quality of life for chronically ill older adults.

These evidence-based programs have focused on chronic disease self-management, physical activity, falls prevention, and mental health. Twenty-seven states are currently implementing evidence-based programs through innovative public and private partnerships. Based upon this experience, these states can quickly and efficiently expand programming and their successful strategies can easily be replicated in other states. The network has reached nearly 30,000 older adults since 2003, offering these programs in over 1,000 community organizations under the oversight of state aging and public health agencies.

Language was included in the Senate Committee report of the ARRA stating, "The Committee is supportive of the types of interventions currently supported by the Administration on Aging's Evidence-Based Disease Prevention Grants Program, and urges the Secretary to expand prevention initiatives in the older population." We strongly believe that AoA's evidence-based prevention and wellness strategies, implemented in partnership with the aging network, are well positioned to serve chronically ill older Americans. Benefits achieved for the elderly, their families and their communities include the following:

- By empowering older adults with the skills they need to promote health and manage their chronic illnesses, AoA programs can reduce health care costs. Medicare savings are achieved largely due to reduced hospitalizations and emergency room and physician visits. The aging network is particularly cost-effective in offering these programs because of its roots in convenient, culturally appropriate community organizations instead of clinical settings.
- By increasing health and independence, AoA evidence-based programs help older adults continue to work in and contribute to their communities. These programs enable older adults to make lifestyle modifications that can reduce their risk of disease, disability and injury, thus improving their employability and productivity.
- These AoA programs help provide widely-accessible jobs that do not require extensive training. The national technical assistance capacity and training already in place contributes to the ability to create jobs quickly for a paraprofessional workforce in need.
- These AoA programs, which are available in multiple languages, have demonstrated their ability to reach out to disadvantaged, at-risk minority populations. Approximately one-third of the older adults who completed programs identified themselves as racial minorities.

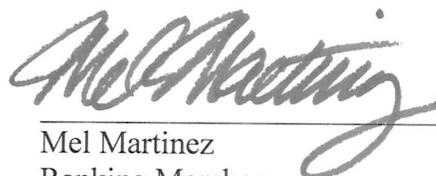
Despite the proven results and demonstrated costs savings, the AoA evidence-based prevention and wellness programs are seriously underfunded. We respectfully urge you to provide at least \$50 million from the ARRA Prevention and Wellness Fund to AoA to expand the evidence-based initiative to additional states, maintain programs in states that are currently funded, and extend their reach into more communities.

Recently President Obama demonstrated the Administration's commitment to helping seniors today so they can enjoy the years ahead when he declared: "We owe older Americans a debt of gratitude and must work to help them age with dignity. Through home and community-based services, including health promotion and preventive care programs, many older Americans are able to live more independent and healthier lives." We look forward to working with you to improve the lives of our nation's seniors.

Sincerely,



Herb Kohl
Chairman



Mel Martinez
Ranking Member