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## **YORK COUNTY AREA AGENCY ON AGING**

**MARK W. SHEA**  
**DIRECTOR**

June 22, 2015

Senate Finance Committee Chronic Care Workgroup  
US Senate  
Washington, DC

Dear Senators Hatch, Wyden, Isakson, and Warner:

Chronic disease is a healthcare crisis. It is determined that ninety-one percent (91%) of older adults have at least one chronic condition and seventy-three percent (73%) have at least two. Today, chronic diseases account for \$3 of every \$4 spent on healthcare. Aside from the significant financial cost to the government, health systems, and individuals, the human cost of chronic diseases on older adults is staggering as well. According to the Centers for Disease Control and Prevention, chronic diseases cause seven out of every ten deaths. Traditional approaches of focusing only on the treatment of the illness and not the individual is highly ineffective and costly. Older adults, who are diagnosed with diseases such as diabetes, hypertension, lung diseases, and arthritis, suffer significantly from a quality of life standpoint. Disabilities are prevalent and add to pain and suffering. Independence is sacrificed too early, often secondary to falls from ineffective medical management of these conditions. Older adults need to have access to evidence-based programs to improve their own personal health and maximize independence. Not only are these proven as cost saving, but the programs inform, activate, and empower each enrolled individual.

There is a strong correlation between our nation's chronic disease epidemic and occurrence of falls in our older adults. The 2015 White House Conference on Aging's new data highlighted the seriousness of falls. From 2000-2013, death rates for adults over sixty-five (65) years of age have risen sharply. Incidence with males grew from 38.2 per 100,000 in 2000 to 67.9 in 2013; female death rates doubled. Each year, a staggering one in three Americans over age sixty-five (65) falls. Hip fractures are widespread and associated with high mortality rates; one in four elderly persons die within the first six months. More than half of patients with hip fractures who survive are admitted to nursing homes. Subsequent falls, often due to an exacerbation of a chronic disease, pneumonia or a urinary tract infection, compound the seriousness, resulting in head injuries or major fractures. Additionally, the psychological impact, or fear of falling, often increases self-restrictions, which further develop isolation and functional decline.