

Testimony before the Senate HELP Committee
January 26, 2009
Healthy Aging

People not only want to live long, but to remain in good health. We pretty much know what the necessary ingredients are, but it is very difficult to live up to the requirements.

I. The seven key features of healthy aging are:

1. Appropriate low caloric diet with 7 -9 fruits and vegetables each day, multivitamins in particular vitamin D (with sunlight to activate vitamin D).
2. Physical activity including: 1) aerobics, that is reasonably strenuous walk five days a week, 2) muscle strengthening, particularly of the quadriceps or thigh muscle, through squats. It is known that the quadriceps is the primary predictor of frailty in old age. Falls is the number twelve cause of death for people over 65 and muscle strength and balance are critical. 3) Balance, 4) Flexibility, 5) Posture.
3. Smoking Cessation
4. Moderate use of alcohol, the equivalent of no more than one glass of wine per day.
5. Managing stress, most difficult of all efforts through meditation, yoga, visualization, mini vacations and appropriate sleep.
6. Building a strong support system and social network of friends and relationships. This may be one reason why women outlive men, because they have a stronger capacity for dealing with intimacy.
7. A sense of purpose – something to get up for in the morning. We discovered in studies we did at the National Institutes of Health back

in the 1950s and 60s that those individuals that had something to get up for in the morning, something purposeful, lived longer and better.

Since people are living longer, they should work longer for health reasons and to reduce Social Security costs. Older persons should also actively volunteer, providing services to others.

We know that perhaps no more than 25% of our health and longevity depends upon genes. Thus some 75% is up to us. This offers us a lot of power, but also entails genuine responsibility and self care.

II. In order to assist people to maintain healthy aging by undertaking the activities described, how can we help them? Some help of course, can be derived from the doctor-patient relationship. But doctors today have no more than twelve minutes on average to spend with their patients. Fundamentally, we have a sickness system, not a health system. In general, neither doctors nor hospitals have incentives to maintain health – they profit through disease.

I believe we have to expand our efforts in prevention, through a broad public health perspective. For example, there are some 15,000 senior centers throughout the United States. These are community facilities, 5,000 of which receive some support from our Administration on Aging. The utilization rate is not what it should be. Senior centers need to be modernized in at least two respects, both of which are supportive of healthy aging. One is senior centers should promote exercise, diet, etc. Two, closely related to purpose, older people should be encouraged to contribute more directly to the community. These modernizations of senior centers would help maintain healthy aging.

Taxation and education were very effective in the 50% reduction of smokers in the United States since 1964. On the other hand, alcohol in America is marked by a significant number of hard core alcoholics affecting one of every four American families,

accounting for most domestic abuse and a significant contribution to highway fatalities and other accidents. Alcohol taxes used to constitute a significant part of Federal revenue. In fact, there have been only a few increases in liquor taxes since 1950. This is an issue that should be revisited by Congress.

I call upon citizens of America, the President's Council on Physical Fitness and Sports, the U. S. Prevention Task Forces and other appropriate organizations to help sponsor a national walking movement where friends, neighbors, families could walk together. This is not expensive and it does not require membership in a health club.

Of course, healthy aging is a life course issue, it is not something you simply introduce at fifty, sixty or beyond. A few years ago, several of us wrote a widely quoted paper in the New England Journal of Medicine on the problem of obesity in America and the prospect that we might lose 3 to 5 years of life expectancy from the thirty additional years of life we gained in the 20th Century. Further, for the first time in our history, our children might live less long than their parents. It is quite terrible to see 10 year old children who are obese and who already have type two old age diabetes.

A national walking movement is a simple, but an important step in dealing with the problem of obesity.

Finally, and to repeat, it is urgent to realize the cost of failed health promotion and disease prevention. We must now go beyond the doctor-patient relationship to achieve the goals of healthy aging which requires healthy living throughout life. It is never too late to start and always too soon to stop.

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