Topic: Senior Health

Currently, more than 45 million Americans are 60 years of age or older. This number is expected to double during the next 25 years as the over 75 million Boomers (those born between 1946 and 1964) grow older. By the year 2030, the Centers for Disease Control and Prevention (CDC) estimates that almost 20% of the U.S. population will be 60 or older and the number of centenarians in the U.S. will increase to 324,000, up from 72,000 in 2000.[1] These future seniors will live longer, be better educated, and be even more racially and ethnically diverse than previous senior cohorts.

However, this aging of the American population is expected to trigger a huge demand for health care and social services. At least 80% of seniors have at least one chronic condition, and 50% have at least two. These conditions can cause years of pain, disability, and loss of function, especially if they are not managed properly. About 12 million seniors living at home report that chronic conditions limit their activities. Three million older adults say they cannot perform basic activities of daily living, such as bathing, shopping, dressing, or eating. Their quality of life suffers as a result, and demands on family and caregivers can be challenging. [2] Health-care expenditures for a 65-year-old are now four times that of a 40-year-old. Overall U.S. health care expenditures are projected to increase 25% by 2030. [3]

Michigan Boomers and Seniors

When comparing the health status of the "boomer" and "senior" populations within Michigan, the Michigan Department of Community Health, Division of Chronic Disease Prevention and Injury Control focuses on the following two age groups: adults aged 40-59 years and adults aged 60 years and over. In 2006, adults aged 40-59 years made up 29.0% of the total population, while adults aged 60 years and over made up 17.1% of the population.

As Michigan's adult population ages and the prevalence of chronic diseases increases, Michigan health care costs are expected to reach $11.4 billion by 2015.[4] In 2007, 62.4% of Michigan adults age 60 and over reported doctor-diagnosed arthritis, 56.7% reported hypertension, and 25.0% reported cardiovascular disease.[5] Many of these adults also suffer from other chronic conditions including oral health challenges such as root and coronal caries, oral cancers, and from complications due to multiple medicines.[6] Table 1 uses 2007 Michigan BRFS data to directly compare the current health status of Michigan adults within the 40-59 and 60+ age categories.

Table 1: Health Status of Michigan's Aging Population: 2007 Michigan BRFS

Self Reported Data:	40-59 Years	60+ Years
Disability	23.2%	38.0%
No physical activity in the past month	19.8%	29.0%
Obese (weight & height report)	31.7%	30.2%
Overweight	37.9%	39.9%
Smoking	22.3%	10.0%

[1] Centenarians in the United States, U.S. Department of Health and Human Services and U.S. Census Bureau, 1990.
[2] Centers for Disease Control and Prevention, *"Healthy Aging: Preventing Disease and Improving Quality of Life among Older Americans"*, 2004.
[3] Altpeter, Mary. University of North Carolina Institute on Aging. "Aging and Health: What it Means for Older Adults" Conference presentation at the 19th National Conference on Chronic Disease Prevention and Control. Atlanta, GA. 2005
[4] Michigan Population Estimates. MDCH Division of Vital Records and Health Statistics, 2006.
[5] Michigan Behavioral Risk Factor Surveillance System. MDCH Chronic Disease Epidemiology Section. www.michigan.gov/brfs
[6] Crozier, Stacie. ADA News. "Elder Care: Resolution addresses oral health needs of 'vulnerable' older adults." November 2006.

Binge Drinking	17.3%	6.2%
Heavy Drinking	5.7%	3.8%
Diabetes	8.5%	20.8%
Asthma	13.7%	10.2%
No health care coverage	10.9%	2.5%

What is the Department of Community Health doing to address senior health?

The Healthy Aging Initiative, established in 2005, is supported by the MDCH Division of Chronic Disease Prevention and Injury Control and the Office of Services to the Aging (OSA). The two entities collectively work toward the prevention and management of significant chronic diseases and injury. Major chronic disease program areas include cancer, heart disease and stroke prevention, physical activity, nutrition, injury and violence prevention, diabetes, kidney, osteoporosis, arthritis, asthma prevention programs and tobacco smoking cessation programs for individuals, businesses and worksites. The mission of the Division is to provide leadership in the prevention and control of disease risk factors, emphasizing physical activity, healthy eating and the reduction of heath disparities; as well as creating environments that support healthy behaviors in communities, schools, health care systems and work sites.

What is Healthy Aging?

Each person defines healthy aging through their own lens. For some Healthy Aging is the development and maintenance of optimal physical, mental, and social well-being and function in older adults. It is most likely to be achieved when physical environments and communities are safe, and support the adoption and maintenance by individuals of attitudes and behaviors known to promote health and well-being; and by the effective use of health services and community programs to prevent or minimize the impact of acute and chronic disease on function and maintain optimal quality of life.[7] Within our partnership (OSA and DCH) we emphasize quality of life and include self determination and person centeredness in this definition.

Key components of healthy aging include:

- Regular physical activity such as brisk walking, raking leaves, or household chores for 30 minutes most days of the week (at least 5 days);
- Maintaining a healthy diet and healthy weight with enough consumption of fresh fruits and vegetables and a healthy body mass index;
- Preventing and/or treating depression - many life changes as people age may trigger depression, but it's not a normal part of growing older. Left untreated, depression in older adults can lead to suicide, disability or worsen existing illnesses;
- Remaining socially active has shown to be beneficial in helping older adults combat chronic diseases such as dementia;
- Being smoke-free and avoiding second-hand smoke. Smoking and regular exposure to secondhand smoke can cause chronic illnesses such as heart disease, cancer, lung disease, and stroke. For older adults, smoking is associated with eye disease such as cataract and macular degeneration, and oral health problems;
- Routine dental checks and maintaining good oral health are very important components of healthy aging;
- Regular preventive screenings and immunizations can help prevent or control medical conditions if they are caught early. The tests given and how often will depend on age, health history and risk

[7] Adapted from Healthy Aging Research Network, 2005

factors, such as family history and lifestyle. Older adults should be aware of what screening tests and immunizations are needed at each stage of life, including yearly flu shots.

Additional indicators of health and wellness that often change as people age include economic status, social status, and support systems such as: workforce participation, financial status changes and issues related to poverty, changes in marital status, living arrangements, mobility, volunteerism or use of time, care giving status and/or support, and elder abuse problems.[8] These social determinants of health are often precursors to health status and health care utilization.

Disease prevention/health promotion programs provide information and support to older individuals with the intent to assist them in avoiding illness and improving health status. Services include health risk assessments, physical fitness programs, group exercises, music, art, dance movement therapy, mental health screening and education programs. Information concerning diagnosis, prevention, treatment and rehabilitation of age related diseases and chronic disabling conditions may also be provided.[9]

Critical Health Indicators

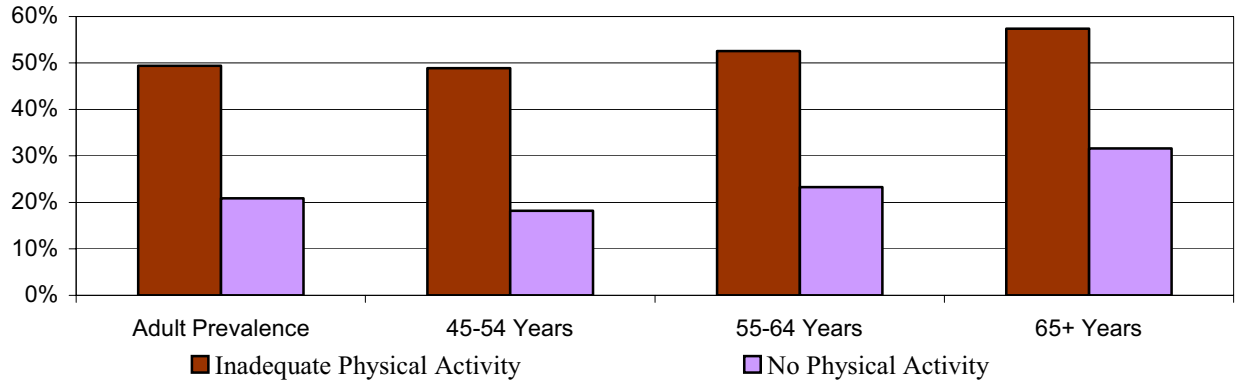
Key Critical Health Indicators for older adults include those associated with healthy lifestyles (such as health risks and behaviors) and quality of life (including access to and utilization of health care resources).

Physical Activity

How are we doing?

The percentage of older people not engaging in regular physical activity increases with age, although this increase is not significant. 2007 MiBRFS data indicate that 18.2% of Michigan adults age 45-54 reported no leisure-time physical activity, while 23.3% of those aged 55-64 reported no leisure-time physical activity. Among seniors (adults aged 65 and over), the prevalence of no leisure-time physical activity was equal to 31.6%. Additionally, over half of Michigan's adult population report inadequate engagement in physical activity (45-54 years: 48.9%, 55-64 years: 52.6%, and 65+ years: 57.4%).

Prevalence of Adults Who Do Not Engage in Physical Activity: 2007 MiBRFS



How does Michigan compare with the U.S.?

In 2007, the adult population 45 years of age and older within Michigan is similar to that of the nation in terms of physical activity. Nationwide, 51.5% of people aged 45-54 years, 53.0% of those aged 55-64

[8] Federal Interagency Forum on Aging-Related Statistics. Older Americans 2008: Key Indicators of Well-Being. Washington, DC: U.S. Government Printing Office. March 2008.
[9] Michigan Office of Services to the Aging 2009.

years reported inadequate engagement in physical activity (compared to 48.9% and 52.6% in Michigan, respectively). 61.0% of those aged 65 years and over reported inadequate engagement in physical activity, compared to 57.4% of Michigan adults within the same age category.

How are different populations affected?

In Michigan, females were more likely than males to report inadequate physical activity (Michigan: 50.5% and 48.3%, respectively).[10] In addition, Michigan non-Hispanic blacks aged 60 years and over reported higher levels of inadequate physical activity (73.7%) when compared to non-Hispanic whites (55.6%).

What is the Department of Community Health doing to improve this indicator?

The Michigan Partners on the **PATH** (Personal Action Toward Health) are committed to helping Michigan Seniors reduce their risk of chronic disease, as well as manage existing conditions. PATH partners are both public and private agencies, organizations, and programs that offer evidence based disease prevention and self-management programs. These programs provide seniors with an opportunity to learn to set goals in nutrition and fitness, and help those with chronic disease learn to take control of their condition, as well as learn how to communicate with their medical care provider more effectively. Additional evidence-based physical activity programs for seniors include "Matter of Balance," and "Enhanced Fitness." Boomers, seniors and/or their caregivers can find information about the schedule, location and availability of these programs in their area by checking the website at www.MiPath.org. The Michigan Healthy Eating and Physical Activity Plan (Obesity Prevention Program) works with a number of communities and organizations to create and promote opportunities for physical activity. Groups include local health departments, local barber shops and hair salons (delivered through the National Kidney Foundation of Michigan), and local faith-based organizations.

In addition, the Department's Healthy Aging Initiative Coordinator works closely with the National Association of Chronic Disease Directors, the National Institutes of Health, and the Centers for Disease Control and Prevention in reviewing publications that promote guidelines for physical activity and older adults.

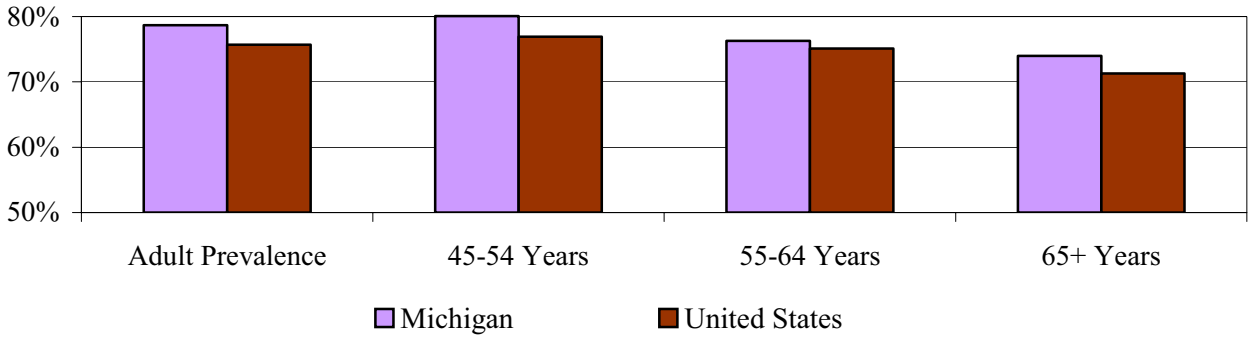
Nutrition and Diet

How are we doing?

Increasing the consumption of fruits and vegetables in Michigan remains challenging among the older adult population. Statistics show that diet habits are formed early on and do not change significantly as people age. Based on 2007 MiBRFS data, 80.1% of Michigan adults aged 45-54 years, and 76.3% of those aged 55-64 years do not consume an adequate amount of fruits and vegetables. Seniors over the age of 65 years fared slightly better with 74.0% of these individuals reporting inadequate fruit and vegetable consumption.

[10] Centers for Disease Control and Prevention (CDC). *Behavioral Risk Factor Surveillance System Survey Data.* Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 2007.

Prevalence of Adults Who Have Inadequate Fruit and Vegetable Intake: 2007 MiBRFS



How does Michigan compare to the US?

In 2007, fruit and vegetable consumption within Michigan was similar to that of the nation as a whole. Nationally, 76.9% of adults aged 45-54 years, and 75.1% of adults aged 55-64 years reported that they did not consume the recommended daily amount of fruits and vegetables; this is compared to 80.1% of Michigan adults aged 45-54 years and 76.3% of adults aged 55-64 years. Nationally, 71.3% of seniors aged 65 years and over reported not consuming the recommended amount of fruits and vegetables, while 74.0% of Michigan adult within the same age group reported inadequate fruit and vegetable consumption.

How are different populations affected?

MiBRFS data also indicates that for adults aged 60 years and over there is no significant difference in reported levels of inadequate fruit and vegetable consumption by race (non-Hispanic whites: 71.5%, non-Hispanic blacks: 79.3%, and Hispanics: 75.7%).

What is the Department of Community Health doing to improve this indicator?

MDCH promotes healthy nutrition for older adults through collaborative efforts with state and local organizations whose mission and/or target population includes chronic disease prevention and health promotion for older adults. Activities include disseminating educational information about the nutritional values of consuming more fruits and vegetables, promoting farmers' markets at senior living facilities, and promoting demonstrations of the variety of ways in which fruits and vegetables may be served to seniors.

Direct nutrition services for older adults are provided by the Office of Services to the Aging. These include nutrition education and counseling services, the Senior Project Fresh Program (a joint program between MDCH and OSA), Michigan's Coordinated Access to Food for the Elderly (MiCafe), home delivered meals, and congregate meal sites.[11] Nutrition counseling services provide options and methods for improving nutrition status to seniors age 60 and over and disabled adults age 18 and over who are at nutritional risk (because of health and/or medication use or chronic illness). The assessment will determine at minimum a person's nutritional history, both chronic and acute health problems, and a listing of all prescription and over the counter medications taken. Senior Project FRESH provides seniors 60 and older with incomes of 185% of poverty or less with coupons to purchase fresh fruits and vegetables at local authorized Michigan farmers' markets and roadside stands. MiCAFE assists low income seniors with food stamp applications, food assistance in the community, and instructions for using the Michigan

[11] Ibid

Bridge Card. The Home Delivered Meals program provides at least one nutritionally sound meal per day to adults who are homebound and who do not have friends or family to assist with meal preparation. In some areas of the state, meals are available seven days a week. Congregate meals are provided in group settings in churches, schools, residential communities, senior centers or recreational centers. They often promote socialization among the participants.

Depression

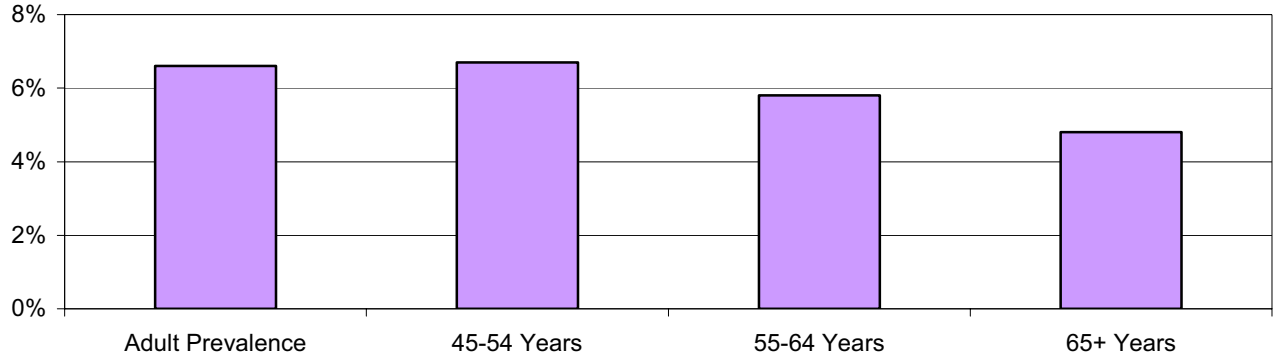
It is estimated that 20% of the national population ages 55 and over have experienced some type of mental health concern (including major depressive disorders).[12] Changes in financial status, participation in the labor force, health status, marital status, living arrangements, abuse, social networks and lack of mobility can all contribute to increased depression among older adults. People who report many depressive symptoms often experience higher rates of physical illness, greater functional disability, and utilize more health care resources.[13] Mental health is currently measured through a variety of different methods, but this report focuses only on the number of poor mental days, as well as the presence of specific depressive symptoms.

How are we doing?

Based on estimates calculated from the 2007 MiBRFS for adults aged 45 years and older, 9.4% reported having poor mental health. 11.9% of adults aged 45-54 years and 9.2% of those aged 55-64 reported that their mental health was not good during at least two weeks out of the last month. When compared to adults aged 45-64 years, seniors aged 65 years and over report lower levels of poor mental health with only 6.5% reporting at least two weeks of poor mental health within the past month. Overall, 13.6% of adults aged 45-54 years, 19.5% of those aged 55-64 years, and 27.1% of seniors aged 65 years and over reported their general health as being fair or poor. In addition, 6.7% of adults aged 45-54 years, 5.8% of those aged 55-64 years, and 4.8% of seniors aged 65 years and over reported that they were dissatisfied or very dissatisfied with their lives.

In 2006, an analysis on the state of depression in Michigan was conducted through the BRFSS. Results revealed that 9.5% of adults aged 45-54 years and 10.5% of adults aged 55-64 years suffered from major depression. Among seniors age 65 and older, the rate was 5.5%.

Prevalence of Adults Who Are Dissatisfied With Life: 2007 MiBRFS



[12] American Association of Geriatric Psychiatry (2008)
[13] Federal Interagency Forum on Aging-Related Statistics. Older Americans 2008: Key Indicators of Well-Being. Federal Interagency Forum on Aging-Related Statistics. Washington, DC: US Government Printing Office. March 2008.

How does Michigan compare with the U.S.?

2007 MiBRFS general health status rates are comparable to national figures. Nationally, 15.3% of adults aged 45-54 years and 20.1% of those aged 55-64 years reported their general health as being fair or poor, while 26.5% of seniors age 65 and older report their general health as fair or poor.

How are different populations affected?

Women are 1.69 times more likely than males to have major depression, and highly educated adults are less likely to have major depression than adults with lower levels of education. When comparing prevalence of major depression among different racial categories, it was found that non-Hispanic whites aged 60 years and over (6.0%) report a significantly lower level of major depression when compared with non-Hispanic blacks within the same age group (8.4%). Unfortunately, depressive disorders are widely under-recognized conditions and often are untreated or under treated among older adults. Among Michigan residents classified as having a major depression in 2006, 43.9% had never been diagnosed by a doctor as having depression.

What is the Department of Community Health doing to improve this indicator?

MDCH promotes education about evidence-based programs for screening and treating older adults with depression through conference calls and webinars. These programs include "Healthy IDEAS," "PEARLS," and "IMPACT."[14] Healthy IDEAS: Identifying Depression, Empowering Activities for Seniors) is an evidence-based program that integrates depression awareness and management into existing case management services provided to older adults. There are four evidence-based components of Healthy IDEAS: screening and assessment of depressive symptoms, education for older adults and family caregivers about depression and self-care, referral and linkage to healthcare and mental health professionals, and behavioral activation (empowering older adults to manage their depressive symptoms by engaging in meaningful, positive activities). PEARLS, the Program for Encouraging Active Rewarding Lives for Seniors, empowers seniors through behavioral techniques to actively manage depression and improve quality of life. It uses a multi-faceted approach that includes problem solving, social and physical activation, and pleasant activity scheduling. IMPACT (Improving Mood-Promoting Access to Collaborative Treatment) uses two key processes. The first process is the systematic diagnosis and tracking of depression outcomes to determine if an adjustment in treatment is needed. The second process is the changing of care when needed with the addition of a care manager and a consulting psychiatrist to assist the primary care provider.

In addition to promoting the above resources, the Office of Services to the Aging provides support for professional-level counseling services, including emotional support, problem identification and resolution, and skill building, to older adults who are experiencing personal, social or emotional problems which may be relation to psychological and/or physiological dysfunction. Family and group counseling are available as well through a variety of settings including one's home, senior centers, congregate meal sites, and residential care facilities. Peer counseling programs, which utilize older adults as volunteer counselors, may also be provided.

[14] http://www.prc-hanconferences.com/action-briefs

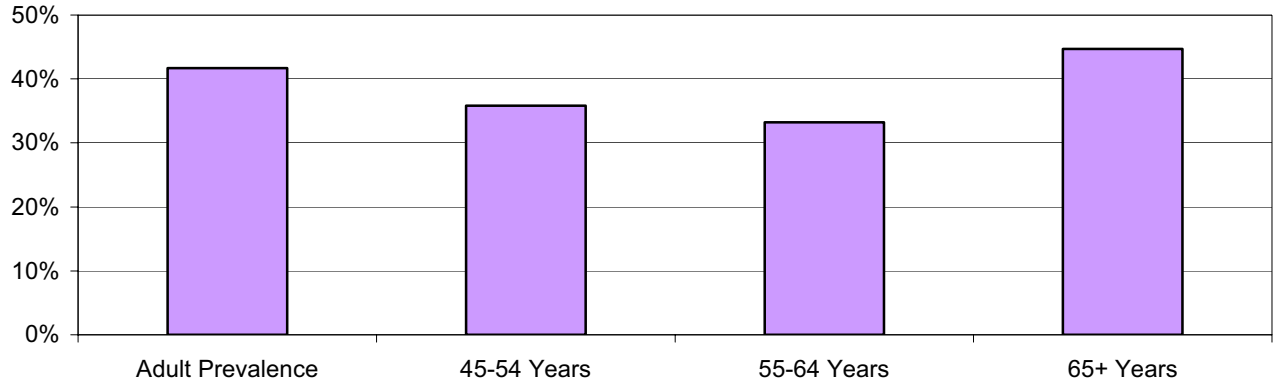
Oral Health

Oral health diseases are cumulative and more complex over a lifetime, have increasing impact on quality of life, and have increasing impact on general health. Older adults need special care in dentistry due to the fact that many have experienced extensive oral disease, medical problems complicate their care, and diagnosis and care planning are complex.

How are we doing?

2007 MiBRFS data indicate that only 58.3% of Michigan adults have reported ever having an oral/mouth cancer exam. The 2007 MiBRFS also indicates that 35.8% of Michigan adults aged 45-54 years and 33.2% of those aged 55-64 year have never had an oral/mouth cancer exam. Among seniors aged 65 years and older, 44.7% of adults within this age group have never had an oral/mouth cancer exam.

Prevalence of Adults Who Have Never Had Oral Cancer Screening: 2007 MiBRFS



How does Michigan compare with the U.S.?

While 2007 national data is not available for the oral health category, the 2006 CDC BRFSS reports that 27.0% of adults aged 45-54 years, 27.0% of those aged 55-64 years, and 32.8% of seniors aged 65 years and older had not visited a dentist or dental clinic within the past year. Nationally, whites are more likely to see a dentist than are other racial/ethnic groups. On the other hand, women (72.2%) were slightly more likely to see a dentist or hygienist than men (68.0%). In addition, 19.3% of seniors aged 65 years and older have had all of their natural teeth extracted.

How are different populations affected?

Non-Hispanic whites (60.2%) were more likely to have an oral/mouth cancer exam when compared to non-Hispanic blacks (48.5%). In addition, the prevalence of ever having a oral/mouth cancer exam was similar for both males (59.3%) and females (57.3%).

What is the Department of Community Health doing to improve this indicator?

Staff from MDCH serve as advisory members to the Michigan Oral Health Coalition and the Michigan Geriatric Dentistry Coalition to promote and support oral health care for older adults. The Michigan Oral Health Coalition's mission is to improve oral health in Michigan by focusing on prevention, health promotion, oral health data, access and the link between oral health and overall health. More specifically, the mission of the Geriatric Dentistry Coalition is to improve the oral health of older people by focusing on prevention, health promotion, and evidence-based practices. The purposes of this Coalition are:

- To be a resource for providers of care for the elderly;
- To promote the implementation of policies that support evidence-based strategies that provide optimal oral health for the elderly; and
- To develop collaborative partnerships to address the oral health needs of the elderly.
  MDCH continues to seek state and national funding through grant proposal to expand services for older adults.

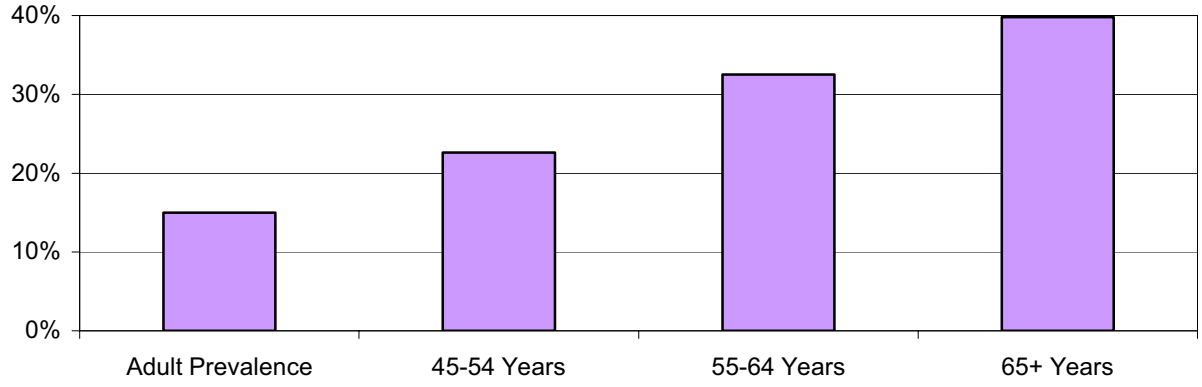
Disability

About 50 million American adults have a disability, such as hearing loss, mental disability, physical limitation, or vision loss. People with disabilities generally report poorer health than those without disabilities, smoke more, are more often obese, and get less exercise than people without disabilities.[15] Some people may live with a disability all of their lives, while others may have a disability during childhood or as an older adult. However, disabilities that occur later in life can largely be prevented through regular health maintenance and preventive activities.

How are we doing?

The prevalence of disability increases with age, but is not a natural part of growing older. Based on 2007 Michigan BRFS data, 22.6% of adults aged 45-54 years and 32.5% of adults aged 55-64 years reported being either limited in any activities because of physical, mental or emotional problems or that they use special equipment due to a health problem (total disability). In addition, 39.8% of seniors aged 65 years and older reported having a disability.

Prevalence of Adults Who Have a Disability: 2007 MiBRFS



How does Michigan compare with the U.S.?

Although total disability estimates are not available at the national level, national estimates do exist for each of the two components that make up the total disability estimate, both of which are similar at both the state and national level. For 2007, national estimates indicate that 20.1% of adults aged 45-54 years, 28.1% of those aged 55-64 years, and 31.2% of seniors aged 65 years and older reported being limited in any activities because of physical, mental or emotional problems, compared to 21.2% of those aged 45-54 years, 31.0% of adults aged 55-64 years, and 34.8% of seniors aged 65 years and older in Michigan. For the second disability component, national estimates indicate that 6.4% of adults aged 45-54 years, 9.7%

[15] Centers for Disease Control and Prevention. Disability and Health State Chartbook, 2006: Profiles of Health for Adults With Disabilities. Atlanta (GA): Centers for Disease Control and Prevention; 2006.

of those aged 55-64 years, and 17.5% of seniors aged 65 years and older reported having a health problem(s) that required the use of special equipment, compared to 7.3% of those aged 45-54 years, 11.2% of adults aged 55-64 years, and 18.0% of seniors aged 65 years and older in Michigan.

How are different populations affected?

The prevalence of disability within males (21.4%) and females (23.9%) are very similar. In addition, for adults aged 60 years and older, the prevalence of disability was also very similar for non-Hispanic whites (35.8%), non-Hispanic blacks (39.8%), and Hispanics (30.6%). However, individuals with less than a high school education (34.3%) or with a household income of less than $20,000 (41.8%) were more likely to report total disability when compared to college graduate (16.0%) and adults with household incomes above $75,000 (12.9%).

What is the Department of Community Health doing to improve this indicator?

MDCH is working to address disability needs of older adults through a variety of channels and partners. The Office of Long Term Care, Ombudsman program was created to help address the quality of care and quality of life experienced by residents who reside in licensed long term care facilities such as nursing homes, homes for the aged, and adult foster care facilities. The Office of Services to the Aging provides resources for caregiver support and submits an annual report detailing data on care-giving services publicly funded throughout the state. The need for caregiver support is continuing to gain interest through statewide health promotion and chronic disease prevention groups such as the Michigan Dementia Coalition, and the Michigan Disabilities Prevention Workgroup. The Healthy Aging Initiative Program works closely with CDC and the National Association of Chronic Disease Directors to promote educational resources for the state health departments. These include publications on caregiver support and webinars.