

“Culture Change: Addressing the Mental & Physical Health Needs of Impoverished Older Adults”

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CURRENT ILLINOIS STATISTICS

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- 2000 Census Statistics in Illinois
 - 1,962,911 total persons 60+
 - 1,500,025 of total persons are 65+
 - 1,142,419 women 60+ (58%)
 - 349,196 minorities 60+ (18%)
 - 514,157 live alone 60+ (26%)
 - 395,223 rural 60+ (20%)
 - 117,931 poverty 65+ (7.9%)

Source: U.S. Census Bureau, 2000

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■ Income

- For older Americans reporting income in 2005, the median income was \$21,784 for males and \$12,495 for females.
- Households headed by persons 65+ reported median income in 2005 of \$37,765.
- About one of every ten (9.2%) of households headed by persons 65+ had incomes less than \$15,000 and 53.9% had incomes of \$35,000 or more.

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- Major Sources of Income
 - Social Security (89%)
 - Income from Assets (55%)
 - Private pensions (29%)
 - Government Employee Pensions (14%)
 - Earnings (24%)
 - Note: Social Security constituted >90% of the income received by 34% of all Social Security beneficiaries.

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■ Poverty in America:

- About 3.6 million older Americans (10.1%) were below poverty in 2005.
- Another 2.3 million or 6.6% of older persons were “near-poor” (income between the poverty level and 125% of this level).
- Older women had a higher poverty rate (12.3%) than older men (7.3%).
- Older persons living alone were much more likely to be poor (19.1%) than older persons living with families (5.6%).

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- Poverty by Age, Race, Ethnicity & Gender
 - 7.9% of older Whites were poor in 2005
 - 23.2% of African-American elders
 - 12.6% of Asian elders
 - 19.9% of older Hispanics
 - The highest poverty rates were experienced among Hispanic women (45.9%) and by older Black women (36.7%) who lived alone.

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- Education by Race and Ethnicity
 - The percentage of older Americans who had completed high school varied considerably by race and ethnic origin in 2005:
 - 79% of Whites
 - 66% of Asians and Pacific Islanders
 - 54% of African-Americans
 - 40% of Hispanics

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■ Health Status

- With advances in medical care, older Americans are living longer and healthier lives.
- 38.3% of non-institutionalized older persons rated their health as excellent or very good.
- Disparities by race & ethnicity:
 - Whites 40.9% rated health as excellent or very good;
 - African-Americans 22.8%;
 - American Indians/Alaskan Natives 24.2%;
 - Hispanics 28.4%; and
 - Asians 34.9%.

[Figures are from 2004-2005]

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■ Health Status

- Most older persons have at least one chronic condition and many have multiple conditions, including:
 - hypertension (48%),
 - arthritis (47%),
 - heart disease (29%),
 - cancer (20%), and
 - diabetes (16%)

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- **Healthy Behaviors & Risk Factors**
 - 60% of older Americans in 2005 reported receiving an influenza vaccination during the past 12 months.
 - 56% reported that they had ever received a pneumococcal vaccination.
 - Almost 24% of persons 60+ reported height/weight combinations that place them among the obese.

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■ Healthy Behaviors & Risk Factors (continued):

- Over 25% of persons aged 65-74 and 17% of persons 75+ report that they engage in regular leisure-time physical activity.
- Only 9% reported they are current smokers.
- Only 4% reported excessive alcohol consumption.
- 2.6% reported that they had experienced psychological distress during the past 30 days.

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■ Dental Health & Aging

- 19% of persons 65+ no longer have any natural teeth.
- 30% of persons 65+ with some teeth have lost 6 or more.
- Only 29% of persons 65+ report having dental insurance.
- Only 36% of oral cancers are diagnosed in their early stages.
- The oral cancer rate is increasing in Illinois along with kidney, renal, pelvis and thyroid cancer.

Source: IDPH Division of Oral Health

- Cost remains a serious barrier for diagnostic/preventive dental care.

“Dental visits among older U.S. adults” (1999) Journal of the American Dental Association.

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■ Health Care & Aging

- In 2004, over 13.2 million persons 65+ were discharged from short stay hospitals...
- A rate of 3,629 for every 10,000 persons 65+...
- Over two and a half times the comparable rate for persons of all ages (1,384 per 10,000).
- The average hospital stay for older adults was 5.6 days, compared to 4.8 days for persons of all ages.
- The average length of stay for older adults has decreased by 5 days since 1980.

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- Health Care & Aging (continued):
 - Older persons averaged more office visits with doctors in 2003-2004:
 - 6.1 visits for those aged 65-74
 - 7.6 visits for persons 75+,
 - Compared to 3.7 office for persons 45-64
 - Over 96% of older persons reported that they did have a usual place to go for medical care.
 - 2.4% said they failed to obtain needed medical care due to financial barriers.

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■ Health Care Expenditures

- The trend of declining private insurance coverage has created a growing uninsured population at risk for the full cost of health care expenses.
- Evidence suggests that seniors may have borne a greater burden due to rising health care costs.

Source: Medicare Issue Brief: “The Burden of Out-of-Pocket Health Spending among Older Versus Younger Adults,” September, 2007, available at www.kff.org]

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- Health Care Expenditures (continued):
 - Medicare Part B premiums rose by 72% between 2000 and 2005.
 - Premiums for Medicare Plan F (the most popular Medicare Supplement Plan) rose by 35%.
 - Although a Rx benefit was added to Medicare in 2006, private supplemental health insurance coverage has eroded.
 - Out-of-pocket costs for seniors with employer-sponsored retiree coverage have increased substantially due to rising retiree contributions to premiums and higher cost-sharing requirements.

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■ Health Literacy

- Older adults have more chronic conditions, hospital admissions, doctor and ER visits, and expenditures for prescription drugs than younger age groups.
- Health literacy – the ability to understand basic health information is critical for older adults to maintain good health.
- However older adults have disproportionately lower health literacy than younger adults.

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- Older Driver Safety – An Important Public Health Issue
 - Older drivers have a higher risk of traffic fatalities.
 - Drivers 75+ are involved in significantly more motor vehicle crashes per mile drive than middle aged drivers.
 - Per mile driven, the fatality rate for drivers 85+ is nine times higher that the rate for drivers 25 to 69.
 - Older drivers are considerably more fragile than younger drivers and are more likely to suffer a fatal injury in the event of a crash

Source: American Medical Association (2007)

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■ Older Adults and Fire

- Older Americans (age 65+) represent a high fire risk group.
- 1,200 older adults die each year from fire, the sixth leading cause of death in this population group.
- Smoking is the leading cause of fire deaths among older adults, and cooking is the leading cause of injuries.
- Disabilities in the elderly – vision and hearing loss and mobility impairments – exacerbate the fire risk.
- Poverty increases fire risk, and 10% of the older population lives at or below the poverty line.
 - Are less likely to receive and comply with fire safety messages.
 - Housing available to low-income tenants may be less likely to have smoke alarms. Tenants or landlords are less likely to maintain those smoke alarms that are present.

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■ Mental Health & Aging

- Although many older adults enjoy good mental health, about 20% experience mental disorders that are not part of normal aging.
- According to the National Association of State Mental Health Program Directors, high rates of co-occurring mental health and substance abuse, e.g. alcoholism and misuse of prescription drugs, are reported in specialty geriatric psychiatry outpatient and inpatient settings. (20% and 38% respectively)

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- **Mental Health & Aging (continued):**
 - Undiagnosed or untreated mental health disorders in later life are associated with:
 - greater disability and impairment,
 - impaired independence,
 - compromised quality of life,
 - cognitive impairment,
 - increased caregiver stress,
 - poor health outcomes, and
 - increased mortality.

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■ Suicide Among Older Adults

- The highest suicide rates of any age group occur among persons aged 65 year and older
- There is an average of one suicide among older adults every 90 minutes.
- In 1998, persons 65+ comprised 13% of the population, but 19% of all suicide deaths.
- Firearms (71%), overdose (liquids, pills or gas) (11%) and suffocation were the 3 most common methods of suicide used by persons 65+.

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■ Risk Factors for Suicide

- Risk factors for suicide among older persons differ from those among the young.
 - Higher prevalence of depression.
 - More socially isolated.
 - Use highly lethal methods.
 - Make fewer attempts per completed suicides.
 - Higher male-to-female ratio.
 - Visited a health care provider before suicide.
 - Have more physical illnesses.

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- Discussion Question #1
 - What barriers within your community do persons with limited income face in accessing physical and mental health services?

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STRATEGIES

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The time to start planning is now...

- “The aging baby-boom generation presents planning challenges to every community. However, the wealth of resources in knowledge and civic engagement that this generation can give represents an unprecedented opportunity for community growth.”

“A Blueprint for Action: Developing a Livable Community for All Ages”
Published by the National Association of Area Agencies on Aging (n4a) and MetLife Foundation

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ADDRESSING POVERTY

- Illinois Poverty Summit
 - Established in 2000.
 - Goal is to develop strategies to eliminate poverty in Illinois.
 - Develops bipartisan support for strategic priorities to eliminate poverty in Illinois.
 - Analyzes current poverty data and serves as an information source on trends impacting the state's economic health.
 - Convenes legislators and other key civic leaders to determine the most effective use of state and federal anti-poverty resources and to develop new anti-poverty strategies.

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ADDRESSING HEALTH CARE NEEDS

- National Institutes of Health
 - Improve the understanding and appreciation that people who's socio-economic status is lower are at greater risk of mortality.
 - Develop programs focusing on lower income people and meeting their needs.

“Low Income Older Americans Have More Physical Limitations than Wealthier Peers” (August 2006), Audio Report.
National Institutes of Health

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ADDRESSING HEALTH CARE NEEDS

- Physical Health Care
 - In one-third of communities, older adults do not have access to a range of needed preventive health care, e.g., health education, health screenings, and counseling on prescription drug programs.
 - 80% of communities have programs providing home-delivered meals for older adults, though only 25% provide nutrition education for seniors.
 - More than one-third of communities do not have fitness programs for older adults, though 86% report having biking/walking trails.

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ADDRESSING HEALTH CARE NEEDS

- Improve access to health care services and consumer-directed care.
- Rebalance long term care by expanding home and community-based options.
- Promote health and wellness.
- Tackle health disparities.

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Published by the National Association of Area Agencies on Aging (n4a) and MetLife Foundation

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ADDRESSING MENTAL HEALTH NEEDS

- American Psychological Association
 - Increase early diagnosis and treatment through outreach and the provision of services offered in places frequented by older adults such as senior centers, congregate meal sites, residential settings, etc.
 - Support legislation to increase the availability of and access to effective mental health services to older adults.
 - Increase coordination of mental and physical health care.

“Addressing Mental Health Needs of Older Adults,” American Psychological Association brochure.

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■ Discussion Question #2

- What can we do to bridge the gaps and barriers to access physical and mental health services within our communities?

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TOOLBOX



Think outside the box... create a toolbox that you can
use back within your communities.

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FUTURE TRENDS IN ILLINOIS

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- The Maturing of Illinois
 - The number of persons 60 and older in Illinois is projected to increase by 77% from 2 million in 2006 to 3.6 million in 2030.
 - One in every five Illinoisans will be 60 years of age and older by 2030.

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- The Maturing of Illinois (continued):
 - The number of persons over age 85 in Illinois will grow by 109% from 192,346 in 2000 to 402,311 in 2030 (11% of the 60+ population)
 - Older persons 60+ of minority race and ethnicity in Illinois will increase from 307,137 in 2000 to 983,396 in 2030 (an increase of 220%)

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- Growth of Minority Populations 65+
 - Nationally, between 2004 and 2030 the population 65+ will grow by race and ethnic origin:
 - 254% among Hispanics
 - 208% among Asians and Pacific Islanders
 - 147% among African-Americans
 - 143% among American Indians, Eskimos and Aleuts
 - 74% among Whites

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■ Life Expectancy

- Persons reaching age 65 have an average life expectancy of an additional 18.4 years (19.8 years for females and 16.8 years for males.)
- Nationally, older women outnumber older men at 21.4 million older women to 15.4 million older men.

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■ Future Trends in Vision & Hearing Impairments

- The number of persons with cataracts and age-related macular degeneration may double by 2030.
- Increased prevalence of hearing impairment among persons 45-69, especially among men.
- Increased demand for medical services and assistive devices.
- Early detection and treatment can prevent or postpone some serious impairments.

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■ Future Suicide Rates

- Several factors relative to persons 65+ will play a role in future suicide rates, including:
 - The growth in the absolute and proportionate size of the older population;
 - Health status;
 - Availability of services, and
 - Attitudes about aging and suicide.

Source: National Strategy for Suicide Prevention

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Source of Statistical Information

(unless otherwise noted)

“The Maturing of Illinois: Getting Communities on Track for an Aging Population” (2007).

A Profile of Older Americans 2006

- Published by the Administration on Aging
- Available at www.aoa.gov
- Data Sources include:
 - U.S. Census Bureau
 - National Center on Health Statistics
 - Bureau of Labor Statistics
 - Other sources for specific topics

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