

The State of
**Aging
& Health**
in America 2013

National Center for Chronic Disease Prevention and Health Promotion
Division of Population Health





The State of Aging & Health in America 2013

The State of Aging and Health in America 2013 is the sixth volume of a series that presents a snapshot of the health and aging landscape in the United States or another region of the world. This series presents the most current information and statistics, often specifically commissioned for the report, on the health of older adults. *The State of Aging and Health in America 2013* focuses on the health of adults aged 65 years or older in the United States and was supported by the Centers for Disease Control and Prevention.

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Foreword

“The State of Aging and Health in America 2013 is a valuable tool for states and communities to meet the health challenges of our aging population. There are proven tools to help prevent and limit the impact of both infectious and noninfectious diseases, and this report serves as a report card on how we are doing addressing health threats.”

—**Thomas R. Frieden, MD, MPH, Director**
Centers for Disease Control and Prevention,
U.S. Department of Health and Human Services

Twentieth-century advances in protecting and promoting health among older adults have provided many opportunities for overcoming the challenges of an aging society. The health indicators presented in *The State of Aging and Health in America 2013* highlight these opportunities. By working to meet the goals for each of these key indicators, our nation can help to ensure that all of its citizens can look forward to living longer and living well.

The State of Aging and Health in America 2013 provides a snapshot of our nation's progress in promoting prevention, improving the health and well-being of older adults, and reducing behaviors that contribute to premature death and disability. In addition, the report highlights mobility (referring to movement in all of its forms) and how optimal mobility is fundamental to healthy aging.

Demographic changes create an urgent need

The growth in the number and proportion of older adults is unprecedented in the history of the United States. Two factors—longer life spans and aging baby boomers—will combine to double the population of Americans aged 65 years or older during the next 25 years to about 72 million. By 2030, older adults will account for roughly 20% of the U.S. population.

Chronic conditions present a strong economic incentive for action

During the past century, a major shift occurred in the leading causes of death for all age groups, including older adults, from infectious diseases and acute illnesses to chronic diseases and degenerative illnesses. More than a quarter of all Americans and two out of every three older Americans have multiple chronic conditions, and treatment for this population accounts for 66% of the country's health care budget.

The Report Cards

The National Report Card on Healthy Aging reports on 15 indicators of older adult health, 8 of which are identified in *Healthy People 2020*, the national health agenda of the U.S. Department of Health and Human Services. These 15 indicators are grouped into 4 areas: Health Status, Health Behaviors, Preventive Care and Screening, and Injuries. In addition, the report assigns a “met” or “not met” score to states on the basis of their attainment of *Healthy People 2020* targets.

For most indicators, the Behavioral Risk Factor Surveillance System (BRFSS) is not the official data source for tracking *Healthy People 2020* targets. Some of these targets are for all adults aged 18 or older, not just those aged 65 years or older. For this report, we use BRFSS data to report how well states are doing in meeting *Healthy People 2020* targets for their older adult populations. Taken together, these indicators present a comprehensive picture of older adult health in the United States.

The United States has met six of the *Healthy People 2020* targets in this report

- No leisure time physical activity in past month (31.4% vs. goal of 32.6%).
- Obesity (24.5% vs. goal of 30.6%).
- Current smoking (8.4% vs. goal of 12%).
- Taking medications for high blood pressure (94.1% vs. goal of 77.4%).
- Mammograms within past 2 years (81.9% vs. goal of 70%).
- Colorectal cancer screenings (72.2 % vs. goal of 70%).

But improvement on the remaining *Healthy People 2020* targets is needed

- Flu vaccine in past year (66.9% vs. goal of 90%).
- Ever had pneumonia vaccine (68.1% vs. goal of 90%).
- Up to date on select preventive services (49.0% vs. goal of 50.9% for men; 49.0% vs. goal of 52.7% for women).

The State-by-State Report Card on Healthy Aging ranks all 50 states and the District of Columbia (DC) for each health indicator. Variation among states can be significant. For example, in Utah and Connecticut, 70.9% of older adults have retained most of their natural teeth (i.e., lost five or fewer teeth), whereas in West Virginia, this is true for only 33.4% of older adults.

Most states are well ahead of schedule on four health indicators for older adults.

- | | |
|--|---------------------------------------|
| ■ Obesity | 50 states and DC met the 2020 target. |
| ■ Taking medications for high blood pressure | 50 states and DC met the 2020 target. |
| ■ Mammography within past 2 years | 50 states and DC met the 2020 target. |
| ■ Current smoking | 49 states and DC met the 2020 target. |

However, all states have significant work to do on other indicators for older adults.

- | | |
|------------------------------|-------------------------------|
| ■ Flu vaccine in past year | 0 states met the 2020 target. |
| ■ Ever had pneumonia vaccine | 0 states met the 2020 target. |

Opportunities for Enhancing Quality of Life

The State of Aging and Health in America 2013 focuses on several areas of concern that, if effectively addressed, will significantly improve the quality of life for older adults.

Mobility

Mobility is fundamental to everyday life and central to an understanding of health and well-being among older populations. Impaired mobility is associated with a variety of adverse health outcomes. As the age of the U.S. population continues to increase, aging and public health professionals have a role to play in improving mobility for older adults. There are critical gaps in the assessment and measurement of mobility among older adults who live in the community, particularly those who have physical disabilities or cognitive impairments. By changing physical environments and creating unique integrated interventions across various disciplines, we can improve mobility for older adults.

Innovative Approaches

Many states and communities have developed innovative ways to ensure that key information about the health of older adults is available to those who need it to plan programs, set priorities, and track trends. In response to the growing need for supportive communities that enhance mobility, this report highlights the efforts of the Atlanta Regional Commission's (ARC's) Area Agency on Aging and Hendersonville, N.C. ARC is creating a broad plan to transform neighborhoods, cities, and counties into places where people of all ages can live and Hendersonville has implemented the *Walk Wise, Drive Smart* program.

The State of Aging and Health in America 2013 highlights the need to maintain the progress made on several health indicators and increase our efforts to address other important health issues. This report shows that the key to improving the health and quality of life for all older adults living in the United States will be collaboration between multiple and diverse groups on national, state, and local levels. These groups will include the public, health care providers, government agencies, and community organizations.



Calls to Action

The State of Aging and Health in America 2013 presents several calls to action intended to encourage individuals, professionals, and communities to take specific steps to improve the health and well-being of older adults. They include the following:

- ❑ Developing a new Healthy Brain Initiative Road Map.
- ❑ Addressing lesbian, gay, bisexual, and transgender (LGBT) aging and health issues.
- ❑ Using data on physically unhealthy days to guide interventions.
- ❑ Addressing mental distress among older adults.
- ❑ Monitoring vaccination rates for shingles.

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An Introduction to the Health of Older Americans

U.S. Population Is Aging

The current growth in the number and proportion of older adults in the United States is unprecedented in our nation's history. By 2050, it is anticipated that Americans aged 65 or older will number nearly 89 million people, or more than double the number of older adults in the United States in 2010.¹

The rapid aging of the U.S. population is being driven by two realities: Americans are living longer lives than in previous decades and, given the post-World War II baby boom, there are proportionately more older adults than in previous generations. Many Americans are now living into their 70s, 80s, and beyond. The leading edge of the baby boomers reached age 65 in 2011, launching an unparalleled phenomenon in the United States. Since January 1, 2011, and each and every day for the next 20 years, roughly 10,000 Americans will celebrate their 65th birthdays.² In 2030, when the last baby boomer turns 65, the demographic landscape of our nation will have changed significantly. One of every five Americans—about 72 million people—will be an older adult.³

The aging of our population has wide-ranging implications for virtually every facet of American society. At each point in the lifespan of baby boomers, the United States has felt and been changed by the impact of their numbers and needs—from booming sales in commercial baby food during the late 1940s, to the construction of thousands of new schools during the 1950s, to the housing construction boom of the 1970s and 1980s. The significant proportion of Americans represented by the baby boomers continues to exert its influence. In large measure, this influence will have its most profound effects on our nation's public health, social services, and health care systems. Public health plays a key role in advocating for those in need, linking individuals and communities to available services, and promoting healthy aging because of its effects on personal, societal, cultural, economic, and environmental factors. The public health sector is ideally positioned to meet the growing needs and demands of a rapidly aging nation.⁴

U.S. Population Is Becoming More Racially and Ethnically Diverse

Along with the dramatic aging of the U.S. population during the next several decades will be significant increases in racial and ethnic diversity. Although young people in the United States currently reflect diversity more strikingly than their older counterparts, the racial and ethnic makeup of older adults is changing as well.

In 2010, 80% of adults aged 65 years or older in the United States were non-Hispanic white. By 2030, that percentage will have declined, and older non-Hispanic white adults will make up 71.2% of the population, whereas Hispanics will make up 12%, non-Hispanic blacks nearly 10.3%, and Asians 5.4%.⁵

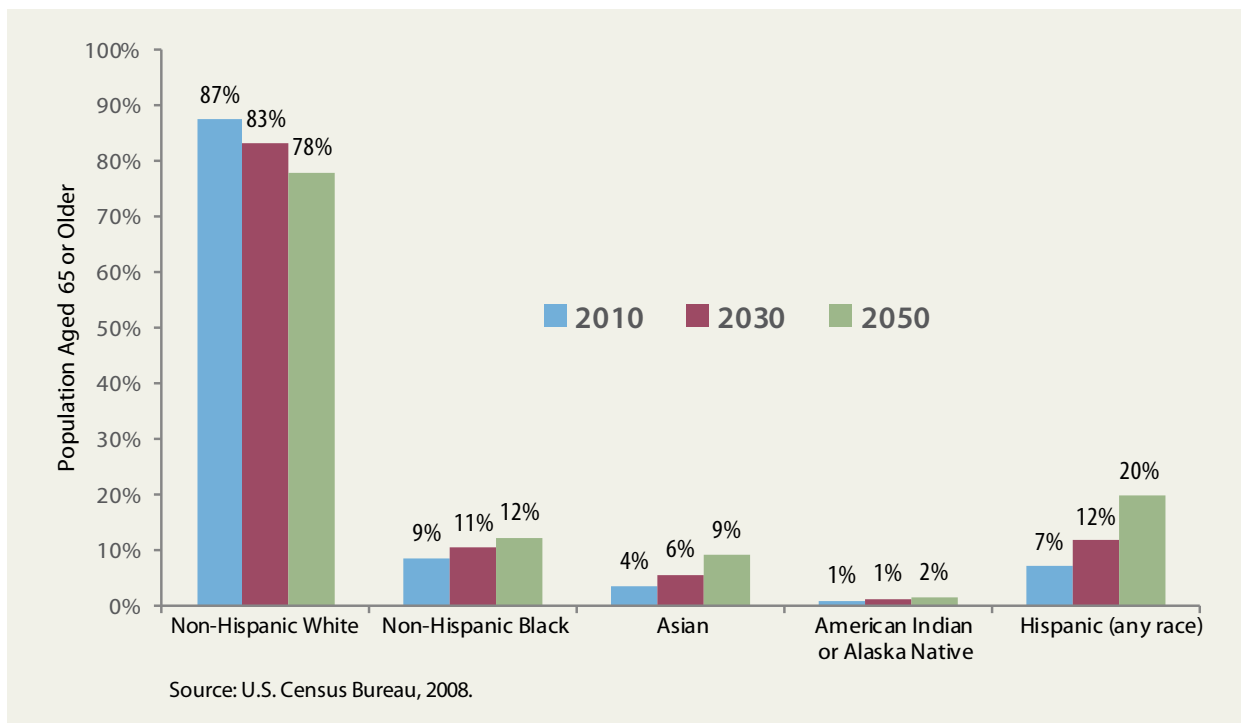
By 2050, the racial and ethnic diversity of older U.S. adults will have changed even more profoundly. Older non-Hispanic white adults, long deemed the “majority population,” will account for only about 58% of the total population aged 65 or older, a decline of more than 20% from 2010. During the same



period, the proportion of older Hispanics will almost triple—from 7% in 2010 to nearly 20% in 2050. The proportion of older Asian-Americans will more than double during 2010–2050, from 3.3% to 8.5%, and the proportion of older African-Americans will increase from 8.3% to 11.2%.⁵

At all ages, the health status of Hispanics, Asian-Americans, African-Americans, and other minority population groups, such as American Indians/Alaska Natives and Native Hawaiians/Other Pacific Islanders, has long lagged behind that of non-Hispanic whites. For a variety of reasons, older adults in these groups may experience the effects of health disparities more than younger people. Language barriers, reduced access to health care, low socioeconomic status, and differing cultural norms can be major challenges to promoting health in an increasingly diverse older population.

Figure 1. U.S. population aged 65 years or older and diversity, 2010–2050



The Burden of Chronic Disease for Older Adults

Leading Causes of Death

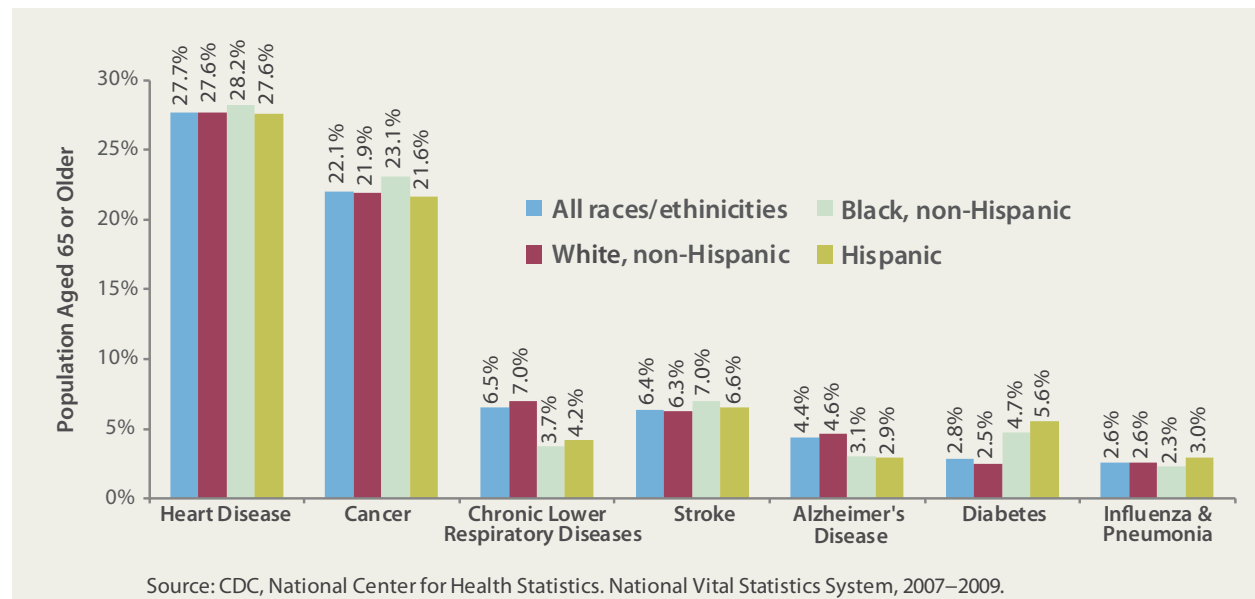
During the twentieth century, effective public health strategies and advances in medical treatment contributed to a dramatic increase in average life expectancy in the United States. The 30-year gain in life expectancy within the span of a century had never before been achieved. Many of the diseases that claimed our ancestors—including tuberculosis, diarrhea and enteritis, and syphilis—are no longer the threats they once were. Although they may still present significant health challenges in the United States, these diseases are no longer the leading killers of American adults.

However, other diseases have continued to be leading causes of death every year since 1900. By 1910, heart disease became the leading cause of death every year except 1918–1920, when the influenza epidemic took its disastrous toll. Since 1938, cancer has held the second position every year.⁶

Heart disease and cancer pose their greatest risks as people age, as do other chronic diseases and conditions, such as stroke, chronic lower respiratory diseases, Alzheimer's disease, and diabetes (Figure 2). Influenza and pneumonia also continue to contribute to deaths among older adults, despite the availability of effective vaccines.



Figure 2. Chronic conditions were the leading causes of death among U.S. adults aged 65 or older in 2007–2009





Diminished Quality of Life and Loss of Independence

The burden of chronic diseases encompasses a much broader spectrum of negative health consequences than death alone. People living with one or more chronic diseases often experience diminished quality of life, generally reflected by a long period of decline and disability associated with their disease.

Chronic diseases can affect a person's ability to perform important and essential activities, both inside and outside the home. Initially, they may have trouble with the *instrumental activities of daily living* (IADLs), such as managing money, shopping, preparing meals, and taking medications as prescribed. As functional ability—physical, mental, or both—further declines, people may lose the ability to perform more basic activities, called *activities of daily living* (ADLs), such as taking care of personal hygiene, feeding themselves, getting dressed, and toileting.

The inability to perform daily activities can restrict people's engagement in life and their enjoyment of family and friends. Lack of mobility in the community or at home significantly narrows an older person's world and ability to do the things that bring enjoyment and meaning to life. Loss of the ability to care for oneself safely and appropriately means further loss of independence and can often lead to the need for care in an institutional setting.

The need for caregiving for older adults by formal, professional caregivers or by family members—and the need for long-term care services and supports—will increase sharply during the next several decades, given the effects of chronic diseases on an aging population.

Major Contributor to Health Care Costs

The nation's expenditures for health care, already the highest among developed countries, are expected to rise considerably as chronic diseases affect growing numbers of older adults. Today, more than two-thirds of all health care costs are for treating chronic illnesses. Among health care costs for older Americans, 95% are for chronic diseases. The cost of providing health care for one person aged 65 or older is three to five times higher than the cost for someone younger than 65.⁷

By 2030, health care spending will increase by 25%,⁸ largely because the population will be older. This estimate does not take into account inflation and the higher costs of new technologies. Medicare spending is projected to increase from \$555 billion in 2011 to \$903 billion in 2020.⁹

Ways to Promote and Preserve the Health of Older Adults and Reduce Costs

Death and decline associated with the leading chronic diseases are often preventable or can be delayed. Multiple opportunities exist to promote and preserve the health of older adults. The challenge is to more broadly apply what we already know about reducing the risk of chronic disease. Death is unavoidable, but the prevalence of chronic illnesses and the decline and disability commonly associated with them can be reduced.

Although the risk of developing chronic diseases increases as a person ages, the root causes of many of these diseases often begin early in life. Practicing healthy behaviors from an early age and getting recommended screenings can substantially reduce a person's risk of developing chronic diseases and associated disabilities. Research has shown that people who do not use tobacco, who get regular physical activity, and who eat a healthy diet significantly decrease their risk of developing heart disease, cancer, diabetes, and other chronic conditions.¹⁰

Unfortunately, current data on health-related behaviors among people aged 55–64 years do not indicate a positive future for the health of older Americans. If a meaningful decline in chronic diseases among older adults is to occur, adults at younger ages, as well as our nation's children and adolescents, need to pursue health-promoting behaviors and get recommended preventive services. Communities can play a pivotal role in achieving this goal by making healthy choices easier and making changes to policies, systems, and environments that help Americans of all ages take charge of their health.

The risk of chronic disease increases with age, but growing older does not have to mean becoming disabled. Effective programs, such as disease self-management programs, help people manage chronic diseases better and prevent or delay associated conditions.

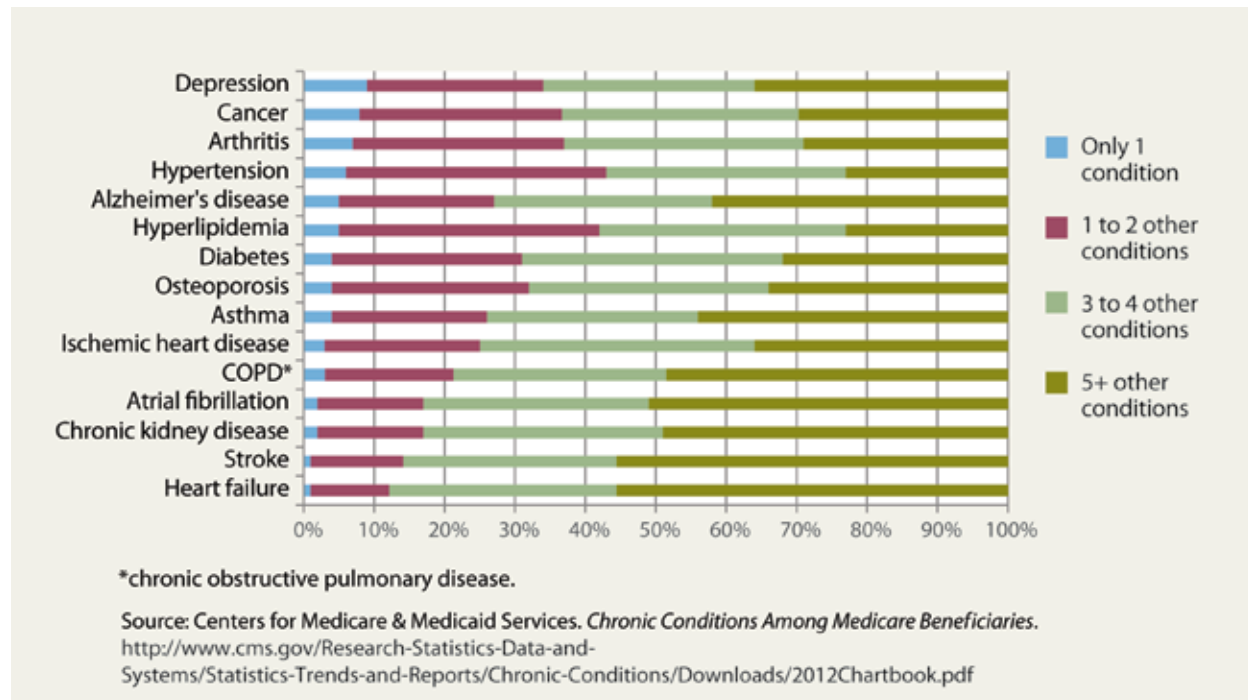


Addressing Challenges for People with Multiple Chronic Conditions

More than a quarter of all Americans and two of three older Americans have multiple chronic conditions, and treatment for this population accounts for 66% of the country's health care budget¹¹ The nation's health care system is largely designed to treat one disease or condition at a time, but many Americans have more than one, and often several, chronic conditions. For example, just 9.3% of adults with diabetes have only diabetes. Other common conditions include arthritis, asthma, chronic respiratory disease, heart disease, and high blood pressure.

People with chronic diseases may also have other health problems, such as substance use or addiction disorders, mental illness, dementia or other cognitive impairments, and developmental disabilities.¹¹ The varied nature of these conditions leads to the need for multiple health care specialists, a variety of treatment regimens, and prescription medications that may not be compatible. People with multiple chronic conditions face an increased risk of conflicting medical advice, adverse drug effects, unnecessary and duplicative tests, and avoidable hospitalizations, all of which can further endanger their health. Figure 3 shows the rates of multiple chronic conditions among Medicare fee-for-service beneficiaries.

Figure 3. Multiple chronic conditions among Medicare fee-for-service beneficiaries, 2010



To address these risks, the U.S. Department of Health and Human Services developed a strategic framework¹¹ to improve health outcomes for people with multiple chronic conditions. Federal agencies and key partners will use this framework to improve and coordinate care for people with multiple chronic conditions, make the best use of effective self-care strategies, and support research to fill knowledge gaps.



Call to Action

Developing a New Healthy Brain Initiative Road Map

In 2005, CDC established the Healthy Brain Initiative in the Healthy Aging Program with funding from Congress. In 2007, hundreds of stakeholders worked with the program to create a 5-year framework to guide a coordinated public health response across organizations and agencies. This effort is outlined in *The Healthy Brain Initiative: A National Public Health Road Map to Maintaining Cognitive Health* (available at www.cdc.gov/aging/healthybrain/roadmap.htm).

On January 4, 2011, the National Alzheimer's Project Act (NAPA) was signed into law by President Barack Obama. The law established the Advisory Council on Alzheimer's Research, Care, and Services and requires the Secretary of the U.S. Department of Health and Human Services (HHS), in collaboration with the Advisory Council, to create and maintain a national plan to address and overcome the rapidly escalating crisis of Alzheimer's disease and related dementias. In May 2012, *The National Plan to Address Alzheimer's Disease* was released by HHS, and refers to Alzheimer's disease as, "a major public health issue." NAPA provided an opportunity for CDC to renew its commitment to incorporate cognitive health as an essential component of public health, and to highlight CDC's accomplishments related to the Healthy Brain Initiative (see the Healthy Brain Initiative Progress report at (www.cdc.gov/aging/pdf/HBIBook_508.pdf)).

CDC is developing a second Road Map, *The Healthy Brain Initiative: The Public Health Road Map for State and National Partnerships, 2013-2018*. This document outlines how state and local public health agencies and their partners can promote cognitive functioning, address cognitive impairment for individuals living in the community, and help meet the needs of care partners. The Road Map provides actions under four areas: monitor and evaluate, educate and empower the nation, develop policy and mobilize partnerships, and assure a competent workforce. Public health agencies and private, nonprofit, and governmental partners at the national, state, and local levels are encouraged to work together on actions in the Road Map that best fit their missions, needs, interests, and capabilities. For more information, go to www.cdc.gov/aging/healthybrain.

New Directions in Public Health for Older Americans

As more and more Americans reach the age of 65, society is increasingly challenged to help them grow older with dignity and comfort. Meeting these challenges is critical to ensuring that baby boomers can look forward to their later years. Three key areas that public health professionals are beginning to address among older adults are binge drinking, emergency preparedness, and health literacy. These areas have long been the target of health care and aging services professionals.

Older Adults and Excessive Alcohol Use

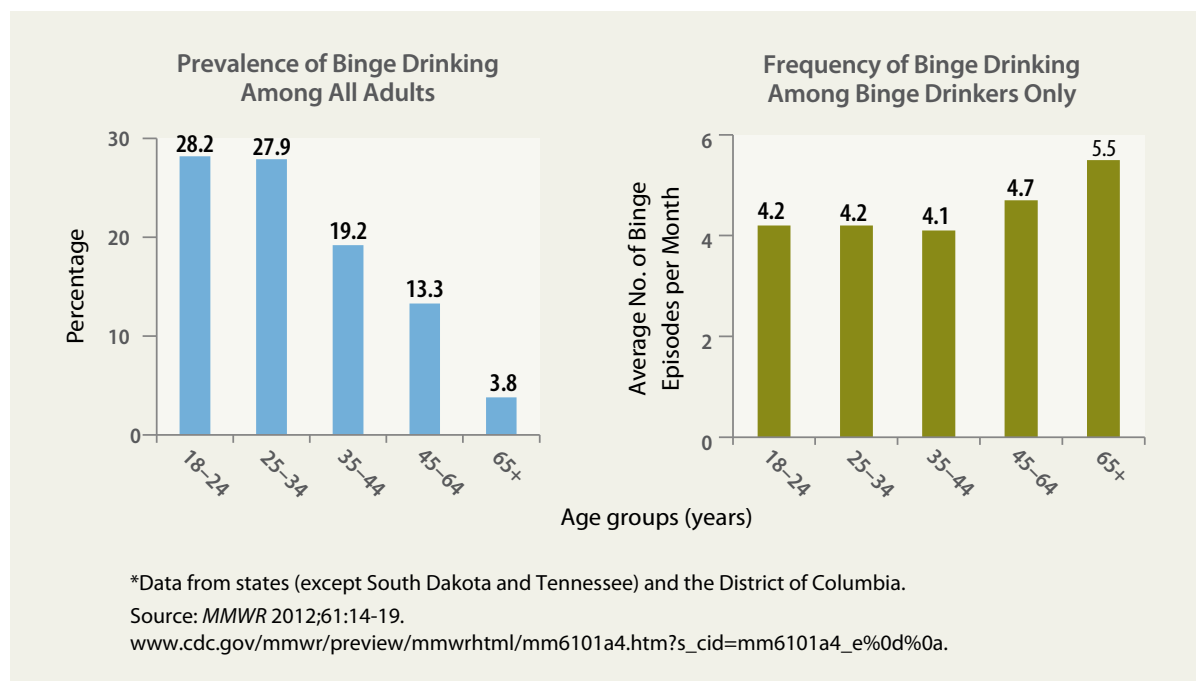
Excessive alcohol use, including binge drinking, accounts for more than 21,000 deaths among adults 65 or older each year in the United States.¹² Binge drinking is defined as women consuming four or more drinks and men consuming five or more drinks on a single occasion. In 2006, excessive drinking cost the U.S. economy \$223.5 billion, or \$1.90 a drink.¹³ Excessive drinking increases a person's risk of developing high blood pressure, liver disease, certain cancers, heart disease, stroke, and many other chronic health problems, as well as a person's risk of car crashes, falls, and violence.¹⁴ Excessive alcohol use can also interact with prescription and over-the-counter medications and affect compliance with treatment protocols for chronic conditions, thus undermining the effective management of chronic diseases.^{15,16}

In 2010, binge drinking was reported by one of six (38 million) U.S. adults. The prevalence of binge drinking was higher among adults aged 18–24 years (28.2%) and aged 25–34 years (27.9%) and decreased with increasing age to 3.8% among adults aged 65 or older (Figure 4). However, older adults who binge drank reported engaging in this behavior more frequently than their younger counterparts—an average of five to six times a month. They also reported consuming an average of about six drinks when they did, thereby increasing their risk of developing many health and social problems.¹⁷

CDC is assessing the public health effect of excessive drinking, including binge drinking. We are also working with states and communities to translate strategies for preventing excessive alcohol consumption recommended in *The Guide to Community Preventive Services (Community Guide)* into public health practice. These recommendations include increasing the price of alcohol, regulating the number and concentration of alcohol retailers in a community, holding alcohol retailers liable for harms resulting from illegal sales to underage or intoxicated persons, maintaining government controls of alcohol sales (avoiding privatization), using electronic screening and brief intervention for excessive alcohol use, and limiting the days and hours when alcohol is sold.¹⁸

CDC is also helping to increase screening and counseling for excessive alcohol use in clinical settings, as recommended for adults by the U.S. Preventive Services Task Force.¹⁹ Taken together, these prevention measures can help reduce excessive alcohol use and the many health and social harms related to it. They can also help the United States meet the *Healthy People 2020* leading health indicator of reducing binge drinking among all U.S. adults.²⁰

Figure 4. Binge Drinking Among U.S. Adults, 2010



Using Data to Better Protect Vulnerable Older Adults in Emergencies

Some older adults may have difficulty keeping themselves safe and healthy during an emergency or natural disaster. Conditions such as impaired mobility, multiple chronic health conditions, or difficulty with memory may cause some older adults to need extra help planning for and dealing with situations such as hurricanes or floods. Emergencies and disasters can also disrupt the help that many older adults rely on for independent living, such as help from friends, family, and home-based medical care.²¹

To help states, communities, and partner organizations plan for the needs of older adults, CDC released *Identifying Vulnerable Older Adults and Legal Preparedness Options for Increasing Their Protection During All-Hazards Emergencies: A Cross-Sector Guide for States and Communities*. This guide presents practical strategies and legal options for protecting older adults during all-hazards emergencies. A key strategy in this guide is “characterizing the population.” This phrase means using community and state data about demographics, health status, medical conditions, service requirements, and other needs to paint a picture of the older adult population so their needs are properly considered in planning. Some of the key indicators in this report, such as disability, oral health, taking medicine for high blood pressure, and influenza and pneumococcal vaccinations, are particularly important when trying to understand the medical needs and health status of a community. This knowledge helps to ensure that appropriate medical equipment, pharmaceuticals, and preventive measures can be taken in a shelter environment, evacuation, or shelter-in-place event.²¹

To supplement this guide, CDC created a Web portal for both professionals and the public that includes resources, tools, and information related to all-hazards preparedness for older adults. For more information, go to www.cdc.gov/aging/emergency.

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