

PROGRESS REVIEW Older Adults

DEPARTMENT OF HEALTH & HUMAN SERVICES PUBLIC HEALTH SERVICE May 30, 1996

The Administration on Aging and the Office of Public Health and Science jointly chaired this first cross-cutting review of progress on HEALTHY PEOPLE 2000 objectives for older adults. The Centers for Disease Control and Prevention, National Center for Health Statistics, provided an overview of the status of selected objectives from several priority areas:

- **8.1c** The Years of Healthy Life (YHL) measure incorporates life expectancy and data on self-perceived health status and restricted activity due to chronic conditions. Provisional 1994 data show that YHL remaining at age 65 was 11.9 years. For women life expectancy is greater, but there are also more years of "unhealthy" life.
- **9.3c** Motor vehicle crash death rates among people aged 70 and older have shown no overall improvement. This contrasts with a substantial decrease in mortality from motor vehicle crashes among the population as a whole.
- **9.4a,b** Since 1987, fall-related mortality rates have stayed about the same for people aged 65-84, but for those aged 85 and over the rate has risen from 133 per 100,000 in 1987 to149.5 in 1993.
- **9.6b** Rates of fire-related deaths have declined somewhat among the population as a whole and among people aged 65 and over (from 4.9 per 100,000 in 1987 to 3.7 in 1993 for older adults).
- **9.7** Rates of hospitalization due to hip fractures have increased for all people aged 65 and over and reached 841 per 100,000 in 1993.
- **9.7a** In 1994, there were 2.8 hospitalizations for hip fracture for every 100 white women aged 85 and older.
- **6.1c** Suicide rates among white men aged 65 and older have declined from 46.7 per 100,000 in 1987 to 40.9 in 1993.
- **16.11d** The proportion of women aged 70 and over who have received a clinical breast exam and a mammogram in the past two years has increased from 18 percent in 1987 to 44 percent in 1993.

- **16.12b** The proportion of women aged 70 and older who received a pap test in the past three years increased from 44 percent in 1987 to 54 percent in 1993.
- **20.11** The proportion of adults aged 65 and older who have ever been

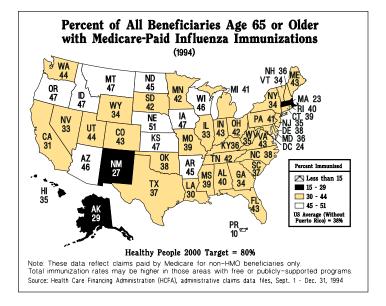
HIGHLIGHTS

- There are presently 33 million Americans aged 65 and older. In the next century, this number will grow to 77 million. The aging of the "baby boom" generation (those born between 1946 and 1964), began this year with the first group turning 50. The greatest growth will occur in the group aged 85 and older, whose numbers are expected to triple.
- Cigarette smoking in their younger years plays a large role in the increase since 1987 in mortality rates for cancer and chronic obstructive pulmonary disease among older adults.
- Studies have shown that regular exercise and strength training programs can reduce the incidence of frailty and disability among nursing home residents aged 85 and older.
- The aging network of the Administration on Aging encompasses 57 State and territorial units on aging, 228 tribal grantees, 670 area agencies, and some 20,000 providers of direct services.
- A large proportion of adults aged 70 and older who die from motor vehicle crashes are involved as pedestrians, suggesting that educational efforts and intervention strategies are needed.
- The Administration on Aging is the largest funder of programs providing meals for older people. One meal a day provided on a regular basis through these programs can help to keep the recipient out of the hospital.
- Nationwide, there is a great need for more specialists in geriatrics, and the shortage is felt most keenly in rural and low-income areas.
- The Program of All-Inclusive Care for the Elderly (PACE) is an innovative approach to providing long-term care services for frail elders in community settings rather than in nursing homes. Seven PACE sites throughout the country offer integrated service delivery through adult day health centers and case management by multidisciplinary teams.
- In surveys, older adults more often express satisfaction with their lives than do younger people.

- vaccinated for pneumococcal pneumonia increased from 14 percent in 1989 to 28 percent in 1993. The proportion who received flu vaccine in the preceding year improved from 30 percent in 1989 to 52 percent in 1993.
- **20.2** Even with those immunization improvements, epidemic-related pneumonia and influenza deaths have increased. The rate of epidemic-related deaths over the 1987-88 through the 1989-90 flu seasons was higher than the baseline, which is an average of the rates during the flu seasons between 1979 and 1987.
- **17.6** The prevalence of hearing impairment has increased slightly over the last 10 years. Among people aged 45 and over, 21 percent had hearing impariment in 1992-94.
- **17.7** The prevalence of visual impairment has shown no improvement. Of people aged 65 and over, 9 percent had visual impairment in 1992-94.
- **13.4** The proportion of people aged 65 and over who have lost all their teeth has declined from the baseline of 36 percent in 1986 to 30 percent in 1993.
- **13.14b** There has been an increase in the proportion of older adults who have visited a dentist in the past year from 42 percent in 1986 to 51 percent in 1993

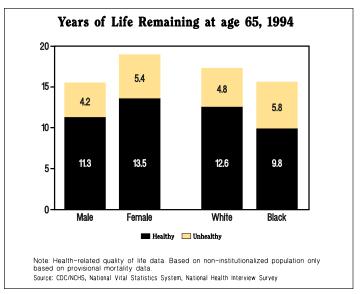
Other objectives address health concerns of great importance for the health of older adults but target the population as a whole.

See table on back.





- As part of the reinventing government effort, health and social services programs should be better coordinated and integrated so as to maximize their ability to serve the needs of older adults.
- The Administration on Aging's redefining retirement initiative is developing a blueprint for maintaining and prolonging quality of life in the later years. As this effort proceeds, linkages with the national health promotion and disease prevention objectives should continue to be pursued.
- Many older adults are dying from cancer, heart disease, and chronic obstructive pulmonary disease linked to their smoking habit. This points up the need to intensify and expand anti-smoking programs targeted at all segments of the population.
- Support the interest among medical students in pursuing geriatric training by addressing institutional biases, a lack of role models, and insufficient remuneration. These impediments need to be overcome to ensure that enough geriatricians will be trained to serve the burgeoning number of older adults. Beyond the issue of numbers of geriatric specialists in training, there remains a serious problem of distribution, with rural and low-income areas being especially poorly served.
- Greater use should be made of the multidisciplinary team approach to elderly care, the benefits of which have been well-documented. This approach can be particularly effective in maximizing the expertise of those trained in geriatric specialties.
- Additional research is needed on preventing hip fracture in the elderly, the incidence of which is increasing worldwide.



Leading causes of death for people aged 65 and older

Rates per 100,000

	1987	1993
Heart disease	2075	1891
Cancer	1060	1134
Stroke	435	401
Chronic obstructive pulmonary disease	216	264
Pneumonia and influenza	203	225
Diabetes	95	124
Unintentional injuries	87	85

PARTICIPANTS

Administration on Aging American Association of Retired Persons Centers for Disease Control and Prevention Food and Drug Administration Health Care Financing Administration Health Resources and Services Administration Indian Health Service Montgomery County (MD) Area Agency on Aging National Association of State Units on Aging National Caucus and Center on Black Aged, Inc. The National Council on the Aging, Inc. National Institutes of Health Office of Disease Prevention and Health Promotion Office of Minority Health Office of Public Health and Science Office on Women's Health Substance Abuse and Mental Health Services Administration Virginia Department for the Aging



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