Older Adults: Health, Aging, and Equity

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Aging Population

- Older adult (age≥65) population is fastest growing segment of the US population

- By 2030 over 71 million people in U.S. will be 65+

- By 2060, almost a quarter of the U.S. population will be age 65 or older
  (2015, Aging in the United States. Population Reference Bureau Population Bulletin)
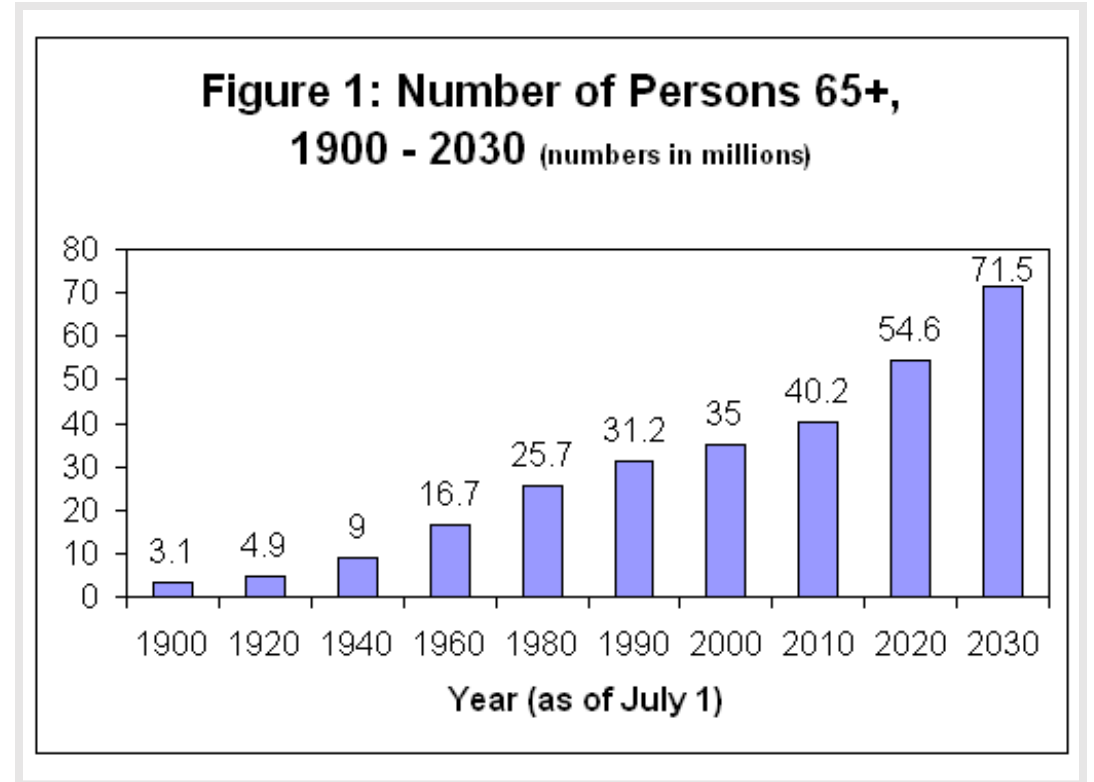
Source: Administration on Aging

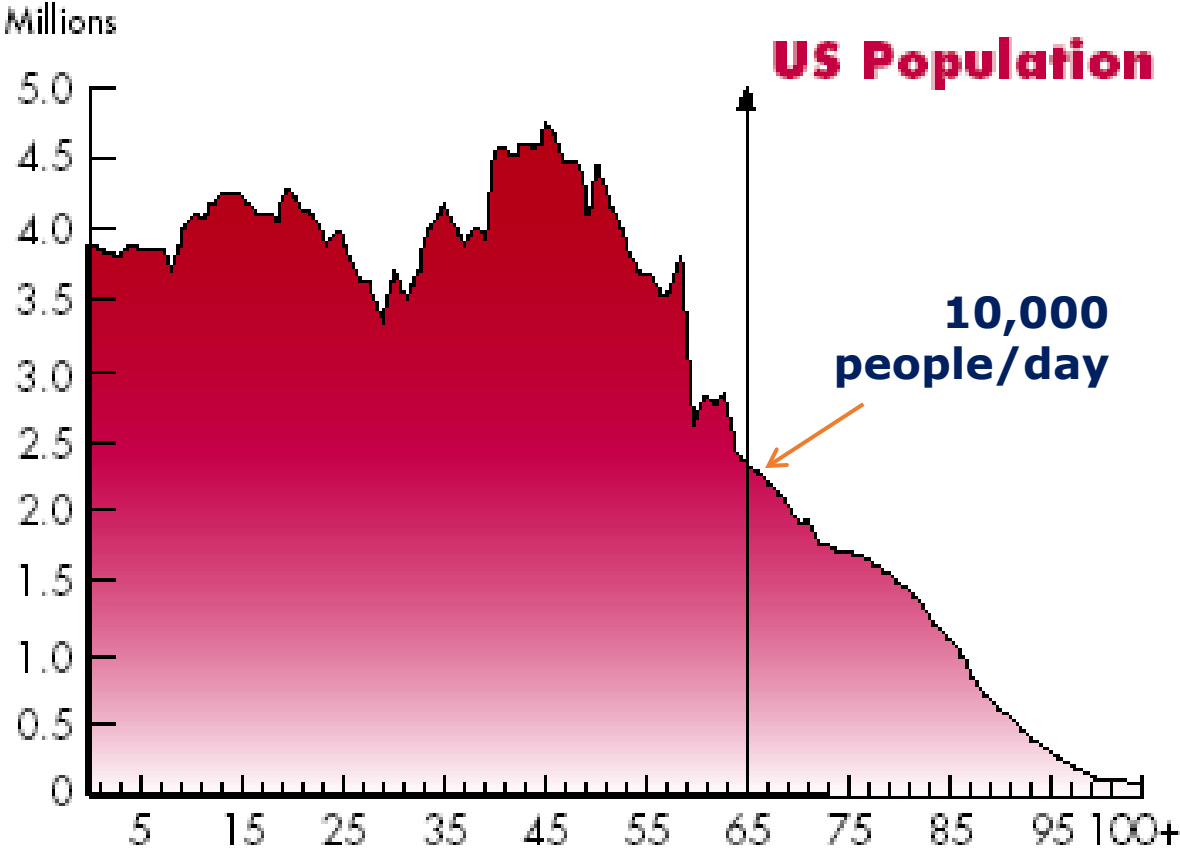# Total number of persons age 65 or older, by age group, 1900 to 2050, in millions
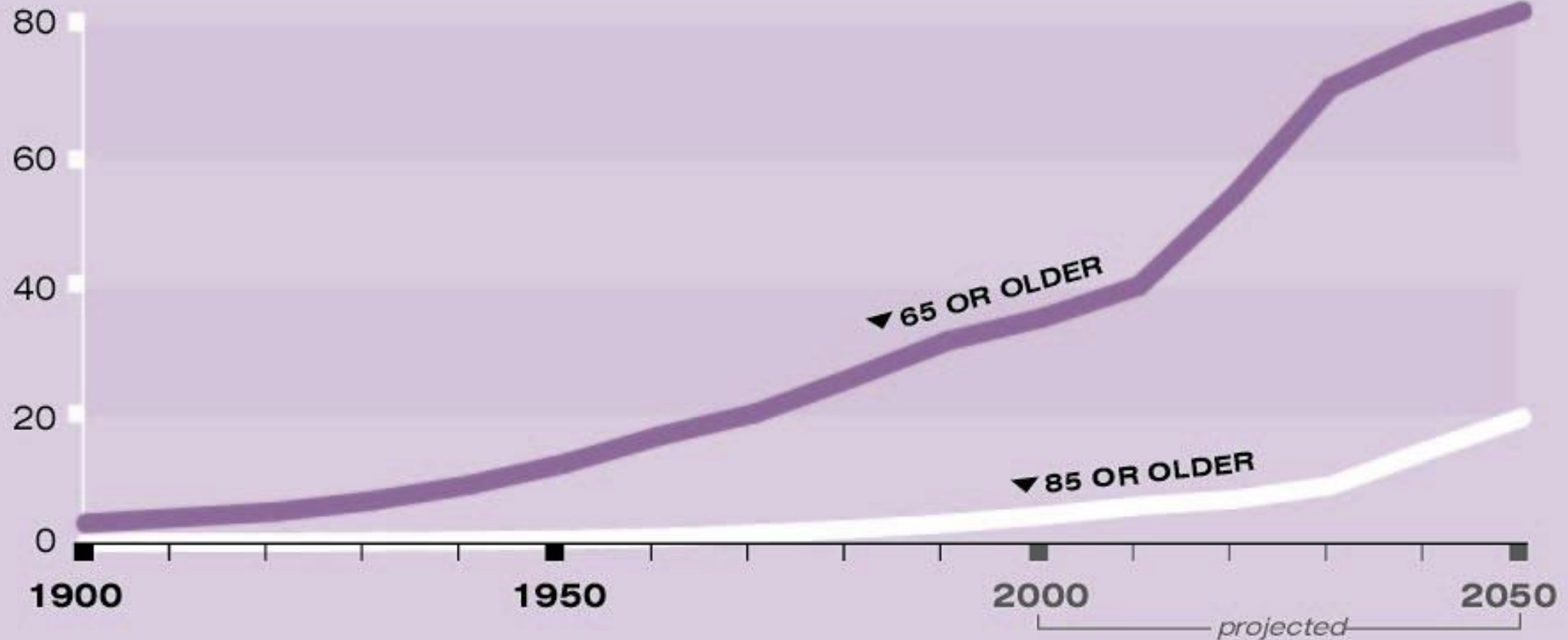
Note: Data for the years 2000 to 2050 are middle-series projections of the population.
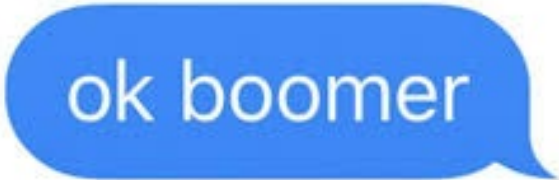Reference population: These data refer to the resident population.
Source: U.S. Census Bureau, Decennial Census Data and Population Projections.

Age Distribution of US population

US Population

Millions

5.0
4.5
4.0
3.5
3.0
2.5
2.0
1.5
1.0
0.5
0

5 15 25 35 45 55 65 75 85 95 100+

10,000 people/day

Older Americans born 1939 and earlier

"Baby Boomer" Generation

ok boomer
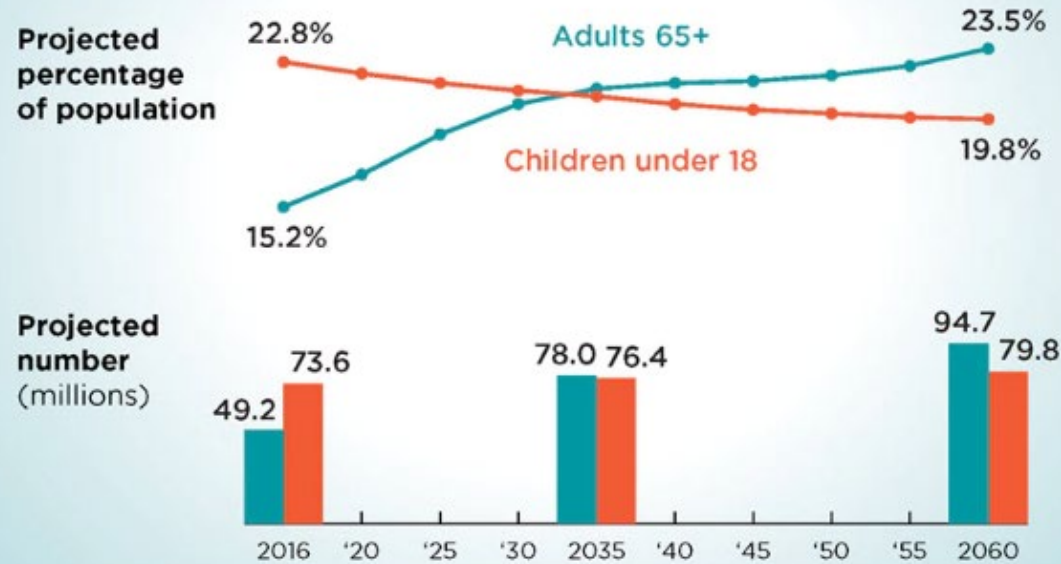
Aging is NOT a Disease

- HEALTHY: minimal impairment from chronic disease and avoidance of serious illness/complications

- SICK: living with multiple medical problems and a reduced ability to function

What is aging?

Normal process with some predictable changes throughout the body

Physiologic "reserve" of organs decrease

Increased risk for some diseases

Chronic medical conditions may increase

Atypical presentation of conditions is common in older patients

"Age-ism" causes people to make assumptions about "normal aging"

What are the challenges associated with aging?

Disability (loss of function)

Frailty (vulnerability, weakness, falls)

Multimorbidity (multiple chronic conditions)

Functional Ability → Disability

Basic Activities of Daily Living (ADL)

Eating

Bathing

Dressing

Transferring

Toileting

Walking or moving around

What is Frailty?

- High Risk: falls, disability, hospitalization, & mortality

- **Physiologic vulnerability?**

- Three or more of the following criteria:
  - unintentional weight loss (10 lbs in past year)
  - self-reported exhaustion
  - weakness (grip strength)
  - slow walking speed
  - low physical activity

Fried, L et al. Frailty in Older Adults: Evidence for a Phenotype. J Gerontol A Biol Sci Med Sci, 2001.
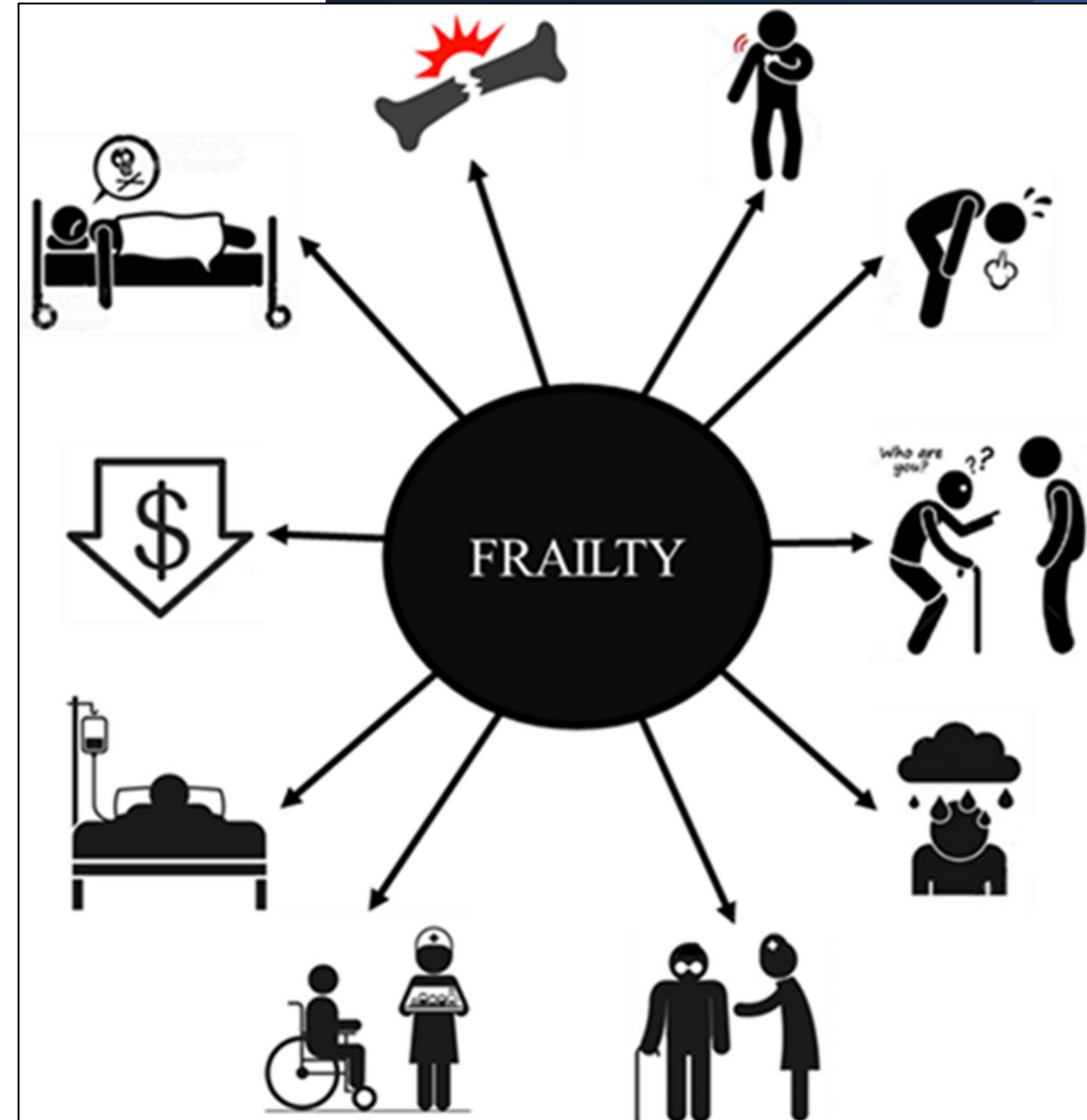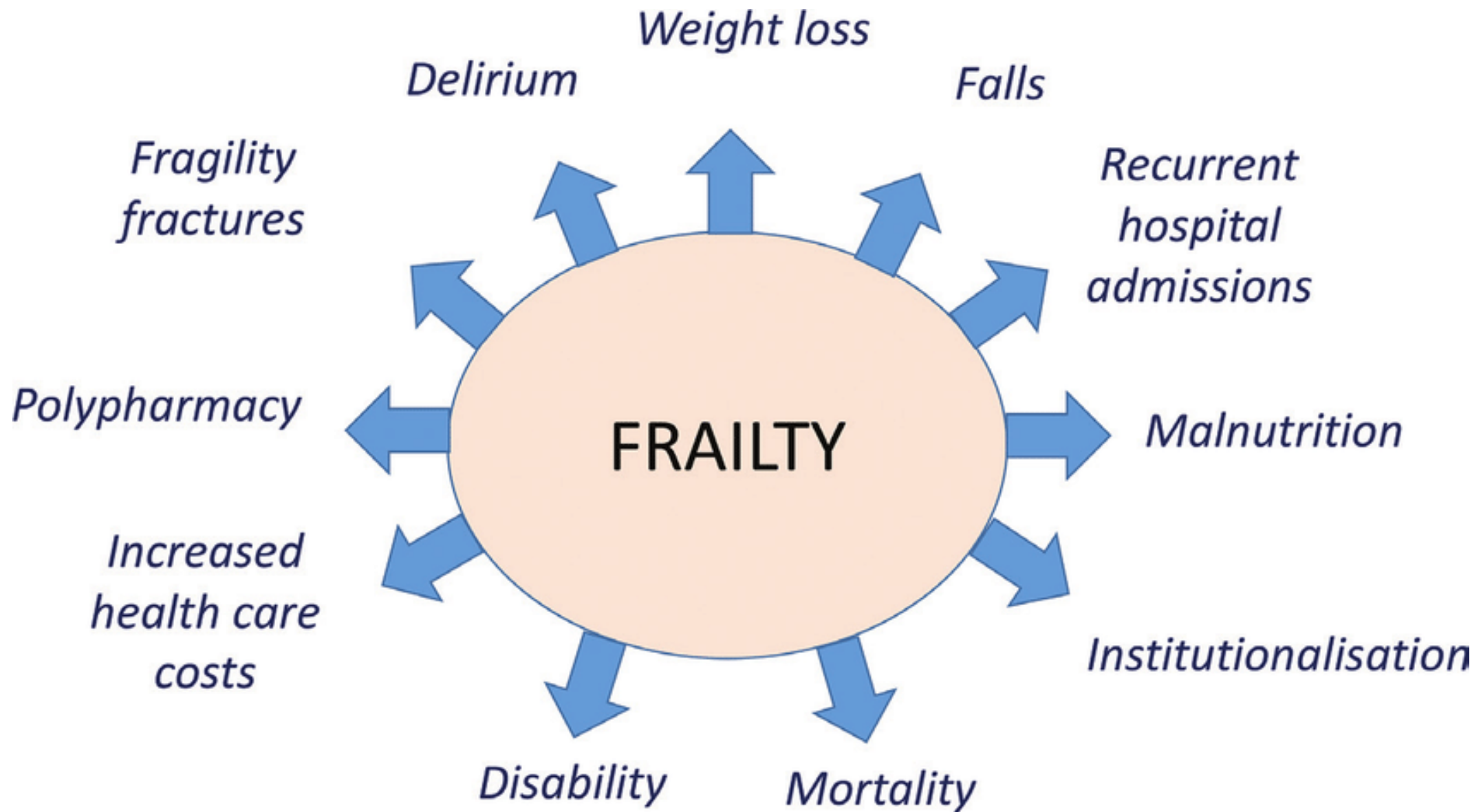
DEATH RATES FOR SOME CHRONIC DISORDERS ARE DECLINING

➢Heart Disease

➢Stroke

➢Cancer

➢Infectious Diseases
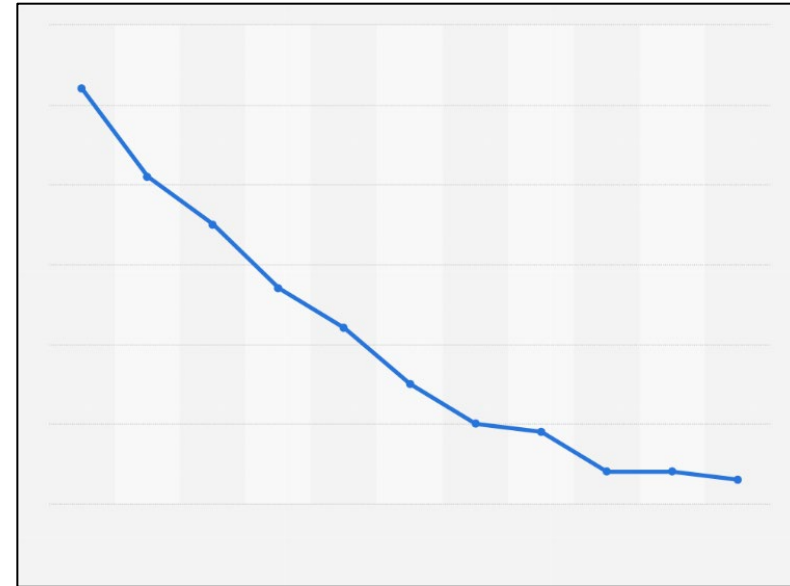
• The downside…people living with more chronic disease

OLDER ADULTS HAVE HIGH RATES OF MULTIMORBIDITY & CARE NEEDS

- **>80% of the 70+ age group has 1 or more of the following chronic disorders:**
  - Arthritis
  - Hypertension
  - Heart disease
  - Diabetes mellitus
  - Respiratory disease
  - Cancer
  - Stroke

- **Functional disability is highly associated with chronic disorders**

54.1 MILLION ADULTS
are 65 or older.

6.2 MILLION ADULTS
have Alzheimer's disease.

11 MILLION PEOPLE
are unpaid caregivers to a person with Alzheimer's disease.

27.2 MILLION ADULTS
aged 65 or older have arthritis.

Why Does Multimorbidity Matter?
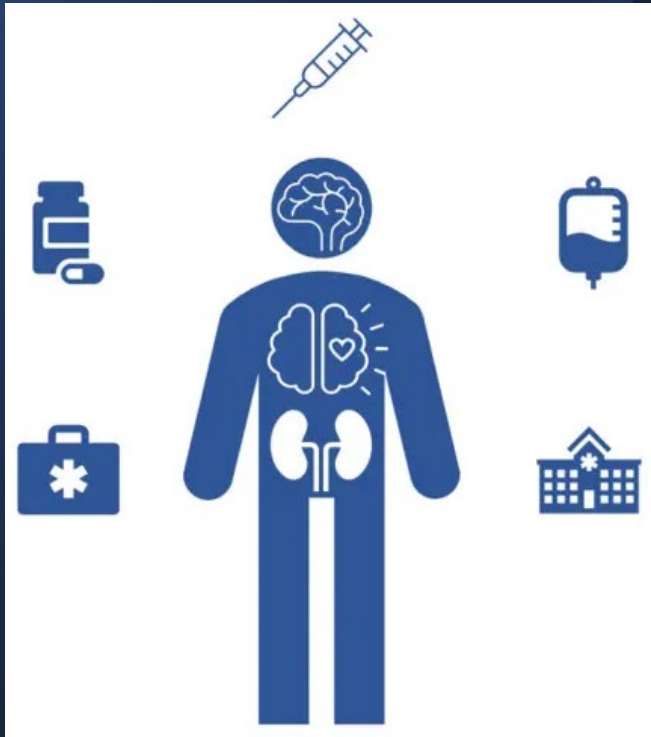
- Decreased quality of life
- Increased risk of functional impairment
- Harder to deliver effective treatments
- Usual disease specific practice guidelines become less relevant
- Increased health care utilization
  - More frequent hospitalization
- Increased health care costs
  - Higher rates of recurrent hospitalization
  - Longer length of stays
  - Higher rate of expensive treatments

Continuum of Aging, Multimorbidity, Illness, and Functional Impairment

Healthy and independent → Chronic disease, early functional decline → Advancing chronic illness, functional impairments → End of life

Social Determinants of Health

- Economic and social conditions that influence health outcomes

- Factors for Older Adults include:
  - **Economic Stability**
    - Income and wealth (poverty)
    - Nutrition (food security)
  - **Social and Community Context**
    - Social support networks
    - Loneliness and Isolation
    - Elder Abuse/Financial Exploitation
  - **Educational Access and Quality**
    - Health literacy
    - Risk for cognitive decline
  - **Health Care Access and Quality**
    - Out-of-pocket costs
    - Ageism
  - **Neighborhood and Built Environment**
    - Transportation
    - Housing
    - Safety
    - Rural/Urban challenges

Relevant Government Programs:
- Social Security
- Medicare
- Medicaid
- Housing Assistance

Social Determinants of Health

Health Literacy

<u>Six Healthy People 2030 objectives are related to health literacy*</u>:

1. Increase the proportion of adults whose health care provider checked their understanding — HC/HIT-01

2. Decrease the proportion of adults who report poor communication with their health care provider — HC/HIT-02

3. Increase the proportion of adults whose health care providers involved them in decisions as much as they wanted — HC/HIT-03

4. Increase the proportion of people who say their online medical record is easy to understand — HC/HIT-D10

5. Increase the proportion of adults with limited English proficiency who say their providers explain things clearly — HC/HIT-D11

6. Increase the health literacy of the population — HC/HIT-R01

*Developed by the Health Communication and Health Information Technology Workgroup
https://health.gov/healthypeople/priority-areas/health-literacy-healthy-people-2030

Accessing Healthcare Services: Challenges for Older Adults

Challenges include:
- Lack of transportation
- Difficulty navigating complex healthcare systems
- Health literacy
- Limited mobility or vision/hearing
- Cognitive decline
- Out-of-pocket costs
- Ageism

Experiences with everyday ageism

AMONG ADULTS AGE 50-80

82%
Experienced one or more forms of everyday ageism in their day-to-day lives

65%
Exposure to ageist messages

45%
Ageism in interpersonal interactions

36%
Internalized ageism

*Note: Percentages reflect responses of either often/sometimes or strongly agree/agree to forms of ageism.

Source: University of Michigan National Poll on Healthy Aging

Ageism Effects in Health Care

Older adults who experiencing three or more forms of everyday ageism were:

- less likely to rate their overall physical health as excellent or very good compared to those reporting fewer forms (34% vs. 49%)
- more likely to have a chronic health condition such as diabetes or heart disease than those reporting fewer forms (71% vs. 60%)
- less likely than people who reported fewer forms to rate their mental health as excellent or very good (61% vs. 80%)
- more likely to report symptoms of depression (49% vs. 22%)

Source: University of Michigan National Poll on Healthy Aging

Intersectionality of Ageism

- Ageism intersects with other forms of discrimination
- Risk of Multiple Marginalization:
  - Racism + Ageism: Stereotypes about older people of color (e.g., "Angry Black woman," "Passive Asian senior")
  - Sexism + Ageism: Double standard for aging in women ("over the hill"), pressure to maintain youthfulness
  - Classism + Ageism: Lower income older adults having less access to healthcare, resources, treatments
  - Other Isms: (e.g., ableism, homophobia, etc.)

Aging and Public Health

"People are growing older and experiencing a much longer life span than that of prior generations. Many people over the age of 60 are healthier today and living in place within their home-based communities with noninstitutionalized care...To date, there has been precious little attention to how we discuss and frame aging through a public health lens."

-- Elaine Jurkowski and Aaron Guest, "Healthy Aging Through the Social Determinants of Health," APHA Press, 2021

Public Health Priorities Relevant to Older Adults

- **Falls and fall related injuries** – CDC Priority

- **Alzheimer's Disease and related dementias** – CDC Priority

- **Elder Abuse** (including financial exploitation)- DOJ priority

- **Infectious Diseases** (lesson from the COVID-19 Pandemic) – CDC and NIH priority

- **Environmental Risks** (climate change, air quality, extreme heat/cold, natural disasters and impact on health) - EPA priority

- **Emergency Preparedness**

Prevalence of Alzheimer's Disease

Future Projections by Age Group
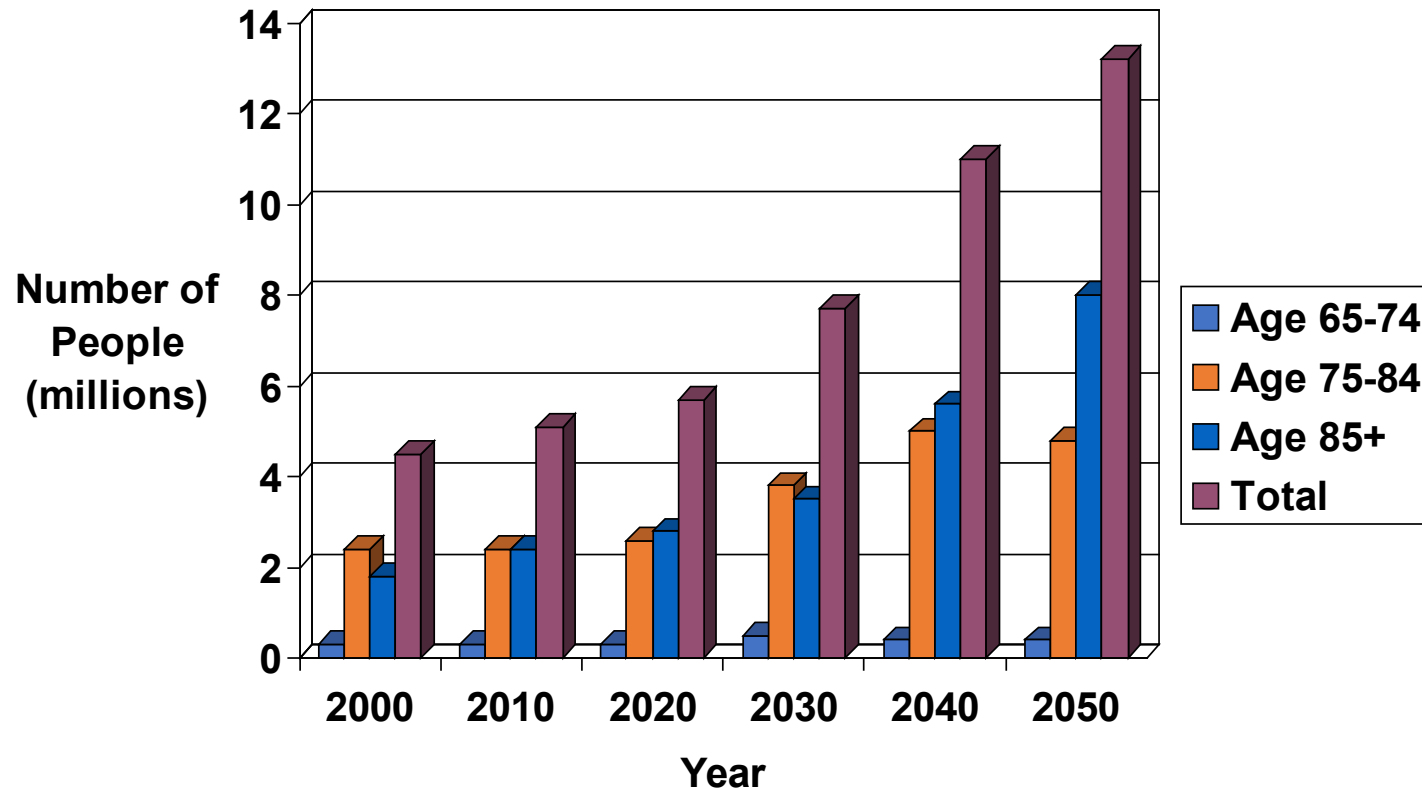
Data Source: Evans, DA *et al. Archives of Neurology* August 2003

Promoting Health for Older Adults

<u>CDC - Helping Older Adults with Dementia</u>

- Increased surveillance and resources

- Healthy Brain Initiative and Public Health Road Maps

- Partnerships with the Alzheimer's Association

- Resources for Caregivers

- Building Our Largest Dementia Infrastructure (BOLD)

  - Establish Alzheimer's and Related Dementias Public Health Centers of Excellence

  - Provide Funds to Support Public Health Departments

  - Increase Data Analysis and Timely Reporting

Climate Change and the Health of Older Adults

CHANGES IN OUR CLIMATE CAN IMPACT EVERYONE'S HEALTH, BUT **OLDER ADULTS CAN BE AT HIGHER RISK**

- Less able to compensate for the effects of certain environmental hazards such as air pollution

- More likely to have health conditions that make them more sensitive to climate hazards like heat and air pollution and underlying illnesses

- Limited mobility, increasing risks before, during, and after an extreme weather events

- Aging and some medications can change the body's ability to respond to heat

- Older adults more at risk for heat illnesses and death as the climate warms

- Compromised immune system can increase vulnerability to severe illness from insect- and water-related diseases

- Older adults may depend on others for medical care and assistance with daily life, increasing their vulnerability to extreme weather events

Age-Friendly Health Systems (AFHS)

Institute *for* Healthcare Improvement

4Ms Framework

An initiative of The John A. Hartford Foundation and the Institute for Healthcare Improvement (IHI) in partnership with the American Hospital Association (AHA) and the Catholic Health Association of the United States (CHA).
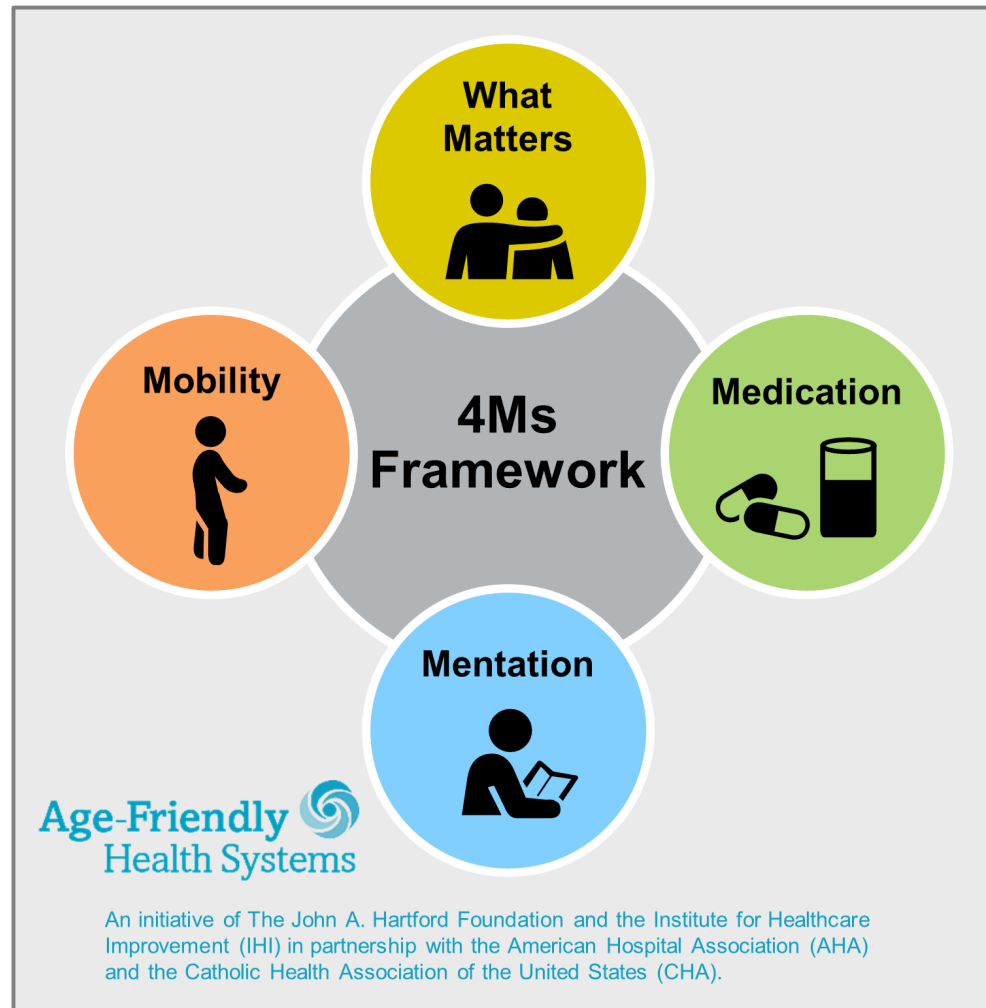
What Matters
Know and align care with each older adult's specific health outcome goals and care preferences including, but not limited to, end-of-life care, and across settings of care.

Medication
If medication is necessary, use Age-Friendly medication that does not interfere with What Matters to the older adult, Mobility, or Mentation across settings of care.

Mentation
Prevent, identify, treat, and manage dementia, depression, and delirium across settings of care.
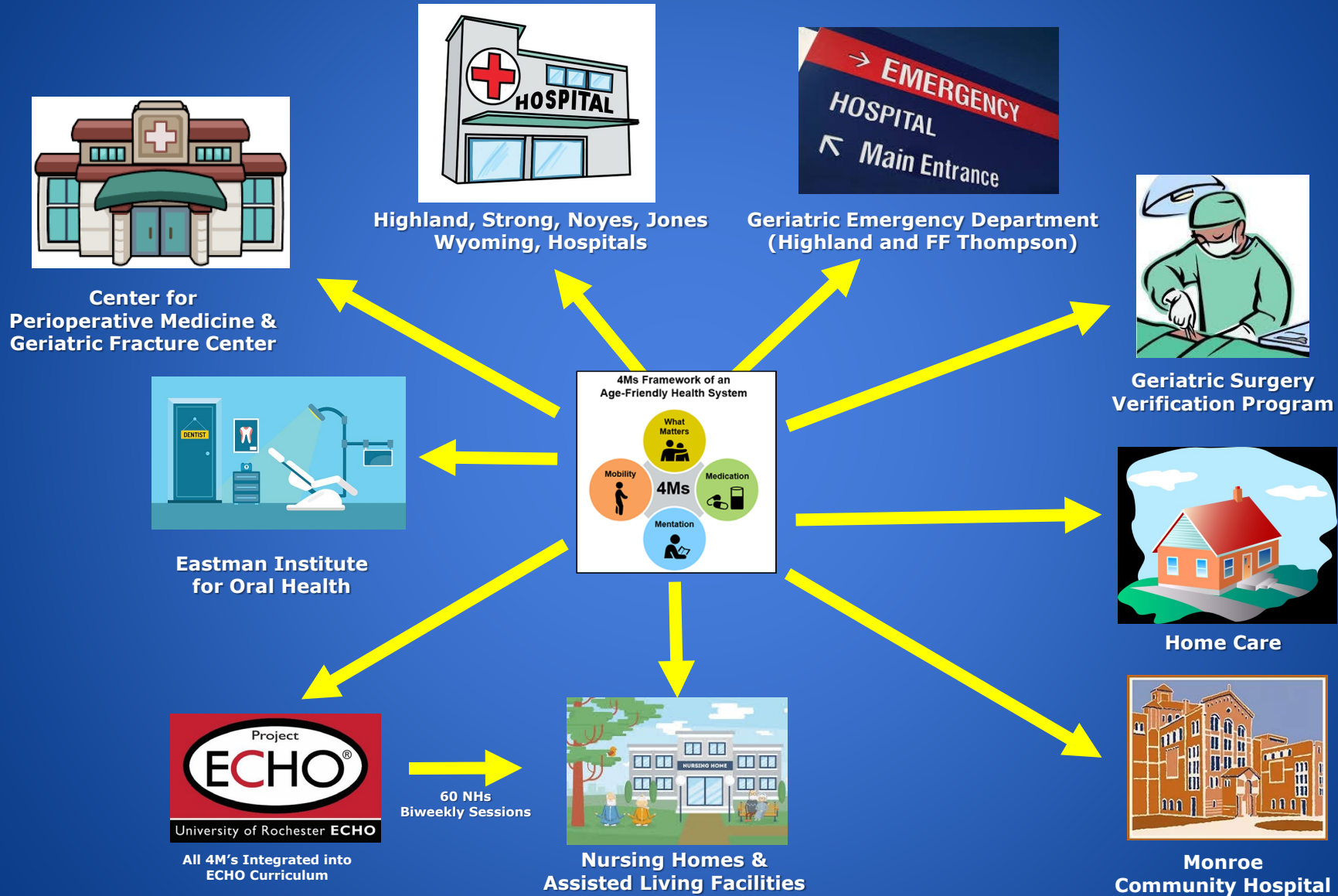
Mobility
Ensure that older adults move safely every day in order to maintain function and do What Matters.

Age-Friendly Health Systems aim to:
- Follow an essential set of evidence-based practices;
- Cause no harm; and
- Align with What Matters to the older adult and their family caregivers.

UR Medicine AFHS Transformation

Center for Perioperative Medicine & Geriatric Fracture Center

Highland, Strong, Noyes, Jones Wyoming, Hospitals

Geriatric Emergency Department (Highland and FF Thompson)

Geriatric Surgery Verification Program

Eastman Institute for Oral Health

4Ms Framework of an Age-Friendly Health System

What Matters

Mobility

4Ms

Medication

Mentation

Home Care

Project ECHO
University of Rochester ECHO
All 4M's Integrated into ECHO Curriculum

60 NHs Biweekly Sessions

Nursing Homes & Assisted Living Facilities

Monroe Community Hospital

Finger Lakes Region AFHS Recognition

LEVEL 1 Recognition

- URMC SOCARE Oncology Clinic

- Monroe Community Hospital

- Nicholas Noyes Memorial Hospital

- Wyoming County Community Hospital

- Jones Memorial Hospital

- Jones Memorial Medical Practices (Family Medicine-Andover, Family Practice-Belmont, Family Practice-Bolivar, Family Practice-Wellsville at Loder Street, Family Practice-Wellsville at Martin Street and Family Practice-Wellsville at North Main Street)

- UR Medicine Geriatrics Group

- Eastman Institute for Oral Health

- Finger Lakes Health Huntington Living Center

LEVEL 2 Recognition

- Strong Memorial Hospital

- Highland Hospital

- Center for Perioperative Medicine

New York Sate's Master Plan for Aging (MPA)

www.ny.gov/mpa

Final Report due January 2025

Figure 1:

Master Plan for Aging Structure

NYS Governor Kathy Hochul

Department of Health State Office for Aging

Stakeholder Advisory Committee

State Agency Council

| Long Term Service and Supports | Home and Community Based Services | Formal Caregivers | Informal Caregivers | Health and Wellness | Housing, Community Development & Transportation | Economic Security | Safety, Security, Technology |

Work Groups (under each)

Town Hall Listening Sessions

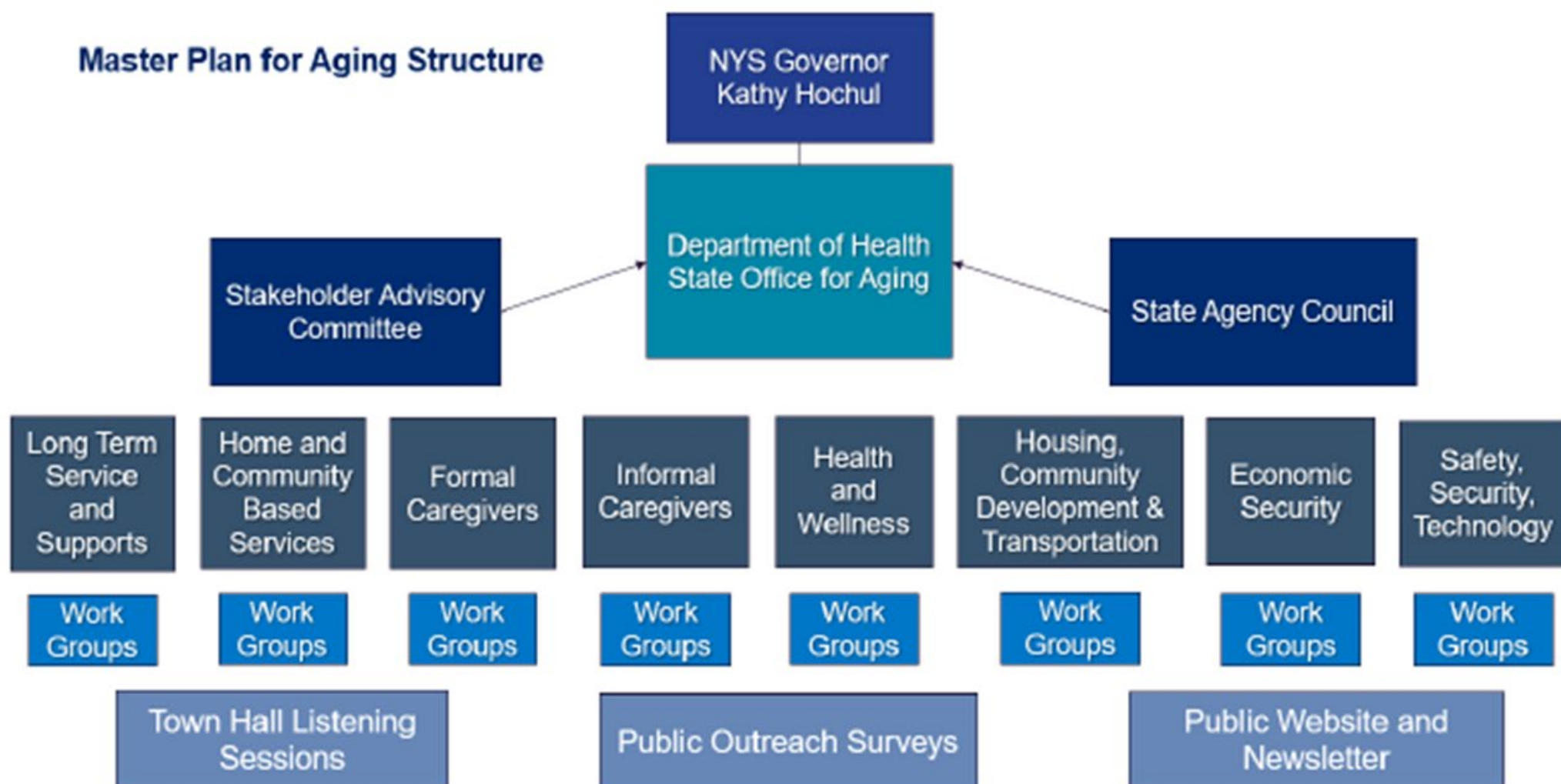Public Outreach Surveys

Public Website and Newsletter

Figure 1: Master Plan for Aging (MPA) organizational structure

Pillars of Support for the MPA

1. **Housing** access and community planning

2. **Informal caregiver** and **workforce** support

3. **Affordability** of basic necessities for older adults

4. **Access to services** in and engagement with historically marginalized communities

5. **Modernization and financial sustainability** of healthcare, residential facilities, and community-based aging network service providers

6. **Social engagement** of older adults

7. **Promoting health and access** to services and supports in rural communities

8. **Combating elder abuse, ageism, and ableism**

9. **Technology access** and development

10. **Prevention and wellness promotion** and access

Resources

- Health People 2030: https://health.gov/healthypeople

- Aging Health and Equity (APHA): https://www.apha.org/Topics-and-Issues/Aging

- Social Determinant of Health and Older Adults: https://health.gov/our-work/national-health-initiatives/healthy-aging/social-determinants-health-and-older-adults

- CDC – National Center for Chronic Disease Prevention and Health Promotion Promoting Health for Older Adults: https://www.cdc.gov/chronicdisease/resources/publications/factsheets/promoting-health-for-older-adults.htm

- STEADI Older Adult Fall Prevention: https://www.cdc.gov/steadi/index.html

- Emergency Preparedness for Older Adults: https://www.cdc.gov/aging/emergency-preparedness/index.html

- Health for Older Adults (National Council on Aging): https://www.ncoa.org/older-adults/health

- Climate Change and the Health of Older Adults: https://www.epa.gov/climateimpacts/climate-change-and-health-older-adults

- Everyday Ageism and Health Report: https://www.healthyagingpoll.org/reports-more/report/everyday-ageism-and-health