

HEALTHY AGING: AGE 65 AND OLDER

KEY ISSUES:

- Variation in needs and health status among different groups of older adults exists and should be accounted for in health care planning.
- Comprehensive data on adults 75 years of age and older is not readily available at the community level.
- Enhanced prevention services for chronic diseases, specifically cardiovascular disease, is needed for older adults. Older Manchester area residents have higher mortality rates from heart disease, lower scores on physical activity and fruit/vegetable consumption and higher levels of obesity compared to the rest of the state population.
- To prolong independence older adults need increased connections to the community, to transportation, and to social supports and services.
- As the number of older adults grows as a proportion of the area population, the need for caretakers, assisted living options, and nursing homes increases. The HSA needs to expand and enhance its health care and service infrastructure to meet these growing needs.

OVERVIEW

Among a community's most valuable resources are its history and the collective wisdom and experience of its inhabitants. Manchester's older residents, the primary holders of that history and experience, make up 12.7% of the population.⁸ Due to national demographic trends, the proportion of individuals ages 65 and over in Manchester is expected to increase in the coming years.⁷⁶ The anticipated growth in this segment of the population will challenge the community to expand and redesign area support services, including health care, to better reflect the unique needs of this older population.

A community that is a healthy place for older adults to live and thrive is a community that allows for independent living while encouraging social connectedness. It is a community that has options for transportation, support, recreation, and health care both in and out of people's homes. It is a community in which healthy food is easily available and all people are able to age safely and in dignity. It is a community in which people care for one another.

Planning for the needs of adults ages 65 years and older begins with the development and implementation of comprehensive preventive services for those ages 50 to 64 years. Adults in their 50s and early 60s may be able to delay, mitigate, or reverse health care issues that arise with aging by using appropriate prevention services and implementing healthy life style behaviors.

DEMOGRAPHICS

MANCHESTER CITY DEMOGRAPHICS		
	NUMBER IN 2007	PERCENT OF CITY POPULATION, 2007
Residents 65 and over	13,732	12.7%
Men age 65 and over	5,278	4.9%
Women age 65 and over	8,454	7.8%

Source: American Community Survey 2007, Census 2000

The proportion of people in Manchester ages 65 and over is predicted to increase rapidly in the coming decade because the large post World War II “baby boomer” group is reaching that age range.⁸

ADULTS 65 AND OVER IN MANCHESTER HSA TOWNS, 2000		
	NUMBER	% OF TOWN POPULATION
Manchester	13,829	12.9%
Auburn	286	6.1%
Bedford	2,103	11.5%
Candia	283	7.2%
Deerfield	253	6.9%
Goffstown	2,043	12.1%
Hooksett	1,062	9.1%
New Boston	208	5.0%

Source: United States Census Bureau, 2000

Adults ages 65 and older have unique needs and special vulnerabilities when compared to the rest of the population. Additionally, older adults are more likely to live on a fixed income, have limited transportation, or live with some form of disability.

Within the demographic group of older adults, the lives and needs of people in their 60s and early 70s tend to differ from those who are older. On average, those who are 75 years and older – often referred to as “frail elders” - have more chronic health conditions (e.g., are at greater risk for stroke and Alzheimer’s Disease), often live with a disability, and have declining mobility and mental acuity issues.⁷⁷ In addition, frail elders are dramatically impacted by lack of coordination of care among primary, specialty, and hospital providers.

Unfortunately, the data in this chapter does not distinguish the needs and health measures of “frail elders” from those who are 65-74 years of age. However, it is important to keep the potential differences for need for services between these groups in mind when planning to address the community needs of older adults and conducting future assessments.

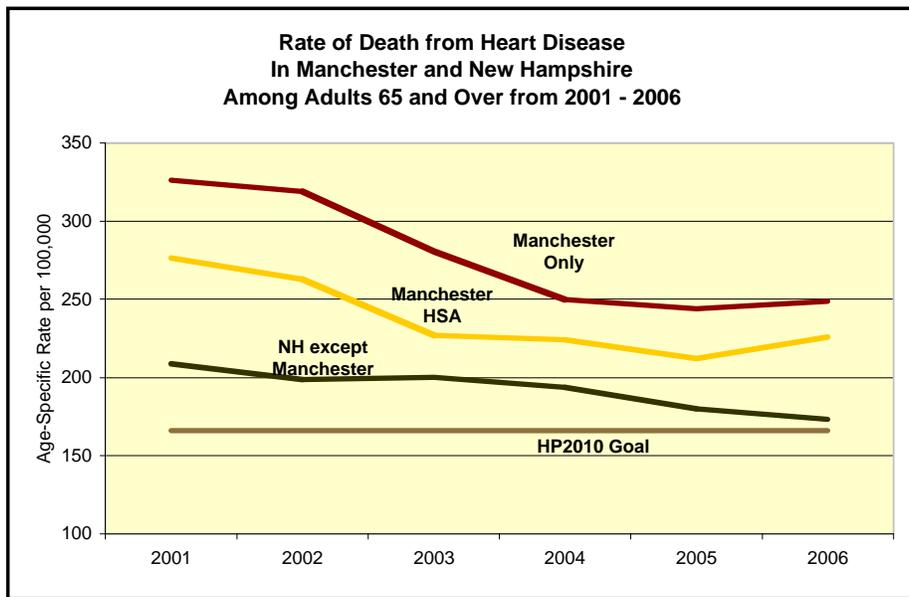
CURRENT HEALTH

CAUSES OF DEATH

The leading causes of death for adults ages 65 and older in the Manchester HSA, in Manchester and in New Hampshire are from heart disease, cancer, chronic lower respiratory diseases, stroke and Alzheimer’s disease.⁶¹

Heart Disease

While the rate at which Manchester area residents over age 65 die of heart disease has dropped in this decade, it remains statistically higher than the rest of the state. At 249 deaths per 100,000 people age 65 and over, the rate of death from heart disease in Manchester in 2006 far exceeds the HP 2010 goal of 166 deaths per 100,000 population.⁶¹ Furthermore, 967 more Manchester HSA residents died of heart disease from 2001 to 2006 than of the next leading cause of death, cancer (see table on following page).



Source: NH DHHS

Cancer

The most common kinds of cancer in the HSA, as across the nation, are lung, breast, and prostate. See the table below for age adjusted rates of death from lung and breast cancer.⁷⁸ Most lung cancer deaths are associated with smoking, thus, the risk of lung cancer can be lowered by avoiding smoking.⁷⁹ Risk of breast cancer deaths can be reduced by controlling weight, exercising, and knowing family history among other things.⁸⁰

MANCHESTER LUNG/BRONCHIAL AND BREAST CANCER MORTALITY COUNTS AND RATES PER 100,000 POPULATION, 2000 - 2006									
		FEMALE				MALE			
AGE GROUP	CANCER TYPE	CANCER DEATHS	RATE	95%CI LOWER	95%CI UPPER	CANCER DEATHS	RATE	95%CI LOWER	95%CI UPPER
65 to 69	Lung	23	161.3	102.2	242.0	36	286.9	201.0	397.2
70 to 74	Lung	33	245.5	169.0	344.7	37	356.8	251.2	491.8
75 to 79	Lung	28	213.7	142.0	308.9	37	432.4	304.5	596.0
80 to 84	Lung	26	243.5	159.0	356.7	25	418.5	270.9	617.8
85 plus	Lung	22	201.4	126.2	304.9	18	462.6	274.2	731.1
65 to 69	Breast	15	105.2	58.9	173.5	-	-	-	-
70 to 74	Breast	15	111.6	62.4	184.0	-	-	-	-
75 to 79	Breast	8	61.1	26.4	120.3	-	-	-	-
80 to 84	Breast	15	140.5	78.6	231.7	-	-	-	-
85 plus	Breast	23	210.6	133.5	315.9	-	-	-	-

* HP 2010 targets for all age groups for lung cancer is 44 deaths per 100,000 and for breast cancer is 22.3 deaths per 100,000
 Source: New Hampshire Department of Health and Human Services and the New Hampshire State Cancer Registry

Chronic Lower Respiratory Diseases

Chronic lower respiratory disease includes chronic bronchitis, emphysema, and asthma. It is one of the leading causes of death nationally as well as locally. Tobacco smoking, which in the previous chapter was identified as common among local adults, is the major cause of chronic lower respiratory disease.⁸¹

Alzheimer's disease

Alzheimer's disease, the fifth leading cause of death, is a health issue with broad reaching effects on families. The CDC estimates that about 5% of adults age 65 to 74 in the United States have Alzheimer's disease and nearly half of those ages 85 and older may have the disease.

HEALTH STATUS

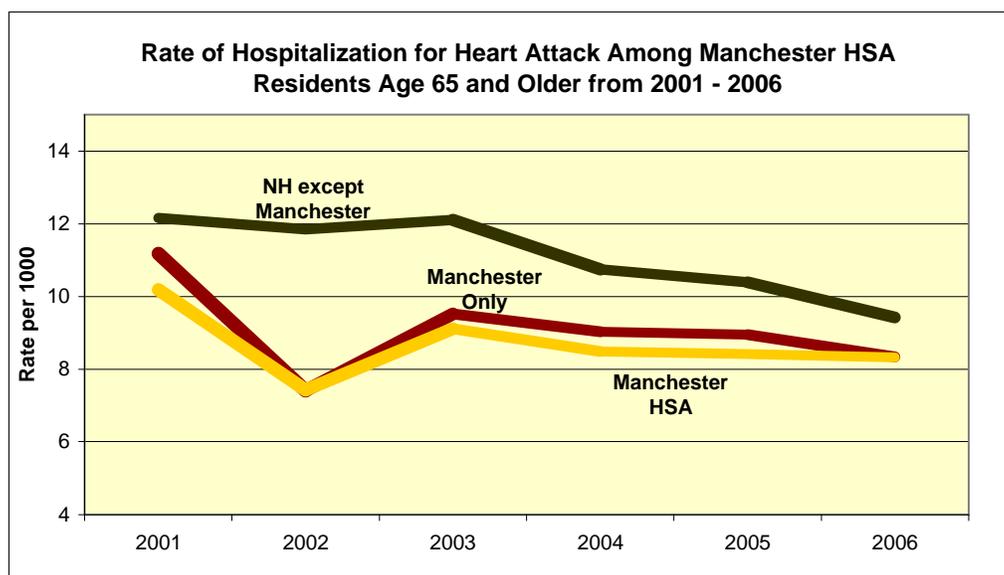
The most common reasons for hospitalization of HSA adults 65 years of age and older are:

- heart failure,
- cardiac dysrhythmias,
- chronic ischemic heart disease,
- pneumonia,
- heart attacks.

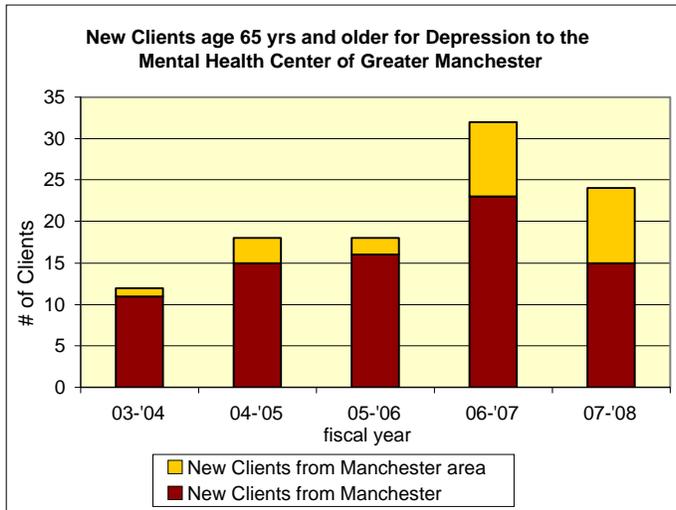
ADULTS AGE 65 AND OVER: GENERAL HEALTH STATUS AS FAIR OR POOR, 2008		
AREA	ESTIMATE	95% CL
Manchester	26.5%	17.1-36.0
Manchester HSA	23.7%	16.8-30.6
The rest of NH	21.3%	19.1-23.5

Source: NH BRFSS

Since 2002, Manchester HSA residents ages 65 years and over have been hospitalized for heart attacks at a statistically significantly lower rate than older adults in the rest of New Hampshire.



Source: NH DHHS



Source: Mental Health Center of Greater Manchester

ADULTS 65+ YRS REPORTING THEY ALWAYS RECEIVED NEEDED EMOTIONAL SUPPORT, 2005-2007		
AREA	ESTIMATE	95% CL
Manchester	51.6%	44.0-59.2
Manchester HSA	53.0%	47.3-58.7
The rest of NH	54.7%	52.9-56.5
Mean number of days in past month for which mental health was not good, 2008		
Manchester	3	1.3-4.7
Manchester HSA	2.5	1.3-3.7
The rest of NH	1.7	1.4-2.0
Percentage of adults 65 yrs and older who have current depression, 2006		
Manchester HSA	5.5%	1.5-9.4
The rest of NH	2.7%	1.6-3.8
Percentage of adults 65 yrs and older who experience frequent mental distress, 2008		
Manchester	9.7%	3.3-16.2
Manchester HSA	7.8%	3.3-12.2
The rest of NH	5.4%	4.1-6.7

Source: NH Behavioral Risk Factor Surveillance System

Older adults who live with a disability may have a greater need for support services and health care. Manchester has a slightly higher proportion of older adults with a disability compared to the United States population as a whole. The table below shows data that are relevant to older adults degree of access to health care in terms of self-care and go-outside-home disabilities. The measure “self-care disability” defines the percent of older adults with disabilities that limit their ability to care for themselves. The measure “go-outside-home disability” defines the percent of older adults with disabilities that limit their ability to leave their home.

DISABILITY AMONG OLDER ADULTS IN MANCHESTER AND THE UNITED STATES				
ADULTS IN MANCHESTER 65 YEARS AND OLDER IN 2007	PERCENT OF MALES ≥65	PERCENT OF FEMALES ≥65	PERCENT OF POPULATION ≥65	PERCENT OF US POP ≥65
With any disability	38.1	44.0	41.8	40.6
With a sensory disability	14.5	17.8	16.6	16.2
With a physical disability	30.8	37.5	35.0	31.1
With a mental disability	9.9	15.0	13.1	12.3
With a self-care disability	8.3	10.9	9.9	10.4
With a go-outside-home disability	13.8	23.0	19.5	17.5

Source: American Community Survey 2007

Also relevant to disability in the Manchester HSA in 2007, 57.8% of adults over 64 years were diagnosed with arthritis or a similar condition.⁶³ That percentage is similar to the rest of the state. The related Healthy People 2010 goal is to reduce the number of adults with chronic joint symptoms who experienced a limitation in activity due to arthritis to 21%.

An important aspect of health and well-being for older adults is mental health. Mental health is not an isolated concern as it also affects various other aspects of physical health and general well-being.

One aspect of mental health that is often not diagnosed is depressive disorders. “Unfortunately, depressive disorders are a widely under-recognized condition and often are untreated or under-treated among older adults.”⁸² Risk factors for late-onset depression includes widowhood, physical illness, low educational attainment, impaired functional status, and heavy alcohol consumption.⁸²

ACCESS TO CARE

The following table shows measures of preventive health activities and use of the local health care system. In general, a higher proportion of Manchester HSA residents over age 64 access preventive services compared to the rest of New Hampshire. Also, for some of these key indicators, which are alternative ways to measure access to primary care services, Manchester HSA rates have exceeded the HP 2010 targets.

HEALTH CARE USE AND PREVENTION			
	MANCHESTER HSA	REST OF NH	HP 2010 TARGET
Percentage of women 65 years or older who have had a PAP smear within the last three years (2008)	55.3%	51.9%	90%
Percentage of women over age 50 who have had a mammogram in the last two years (2008)	89.8%	84.6%	70%
Percentage of adults 65 years or older who have ever had ever had sigmoidoscopy or colonoscopy (2008)	88.0%	78.6%	50%
Proportion of adults 65 and older who have had cholesterol checked in last five years (2005-2007)	99.8%	98.2%	80%
Adults 65 and older who have had hip fracture hospitalization (2006)	1.3 per 1,000	1.1 per 1,000	4.7 per 1,000 (men)
Percentage of adults age 65 and older who have had influenza vaccination within the last 12 months (2008)	80.0%	78.0%	90%

Source: NH Behavioral Risk Factor Surveillance System

RISKS TO FUTURE HEALTH

HEALTH BEHAVIORS

The following table summarizes key behaviors and indicators that are associated with health status and future health of the population. While these indicators are important measures by themselves, they also are associated with broader community characteristics that influence these behaviors. For example, ability to eat fruits and vegetables may be associated with: (a) their availability – if elders get to stores such as neighborhood stores that supply these vegetables and (b) cost – if local stores stock fruits and vegetables at an affordable cost. As it is nationwide, future health of the HSA elder population will be associated with these behaviors.

HEALTH RISK BEHAVIORS			
	MANCHESTER HSA	REST OF NH	HP 2010 TARGET
Proportion of adults age 65 and older who eat five or more fruits and vegetables daily in Manchester HSA (2007)	29.9%	30.8%	
Proportion of adults age 65 and older who have had no leisure-time physical activity in past month in Manchester HSA (2008)	29.2%	32.2%	20%
Proportion of adults age 65 and older who are currently smoking in Manchester HSA (2008)	9.2%	6.9%	12%
Proportion of adults age 65 and older who are obese (2008)	24.9%	23.3%	15%

Source: NH Behavioral Risk Factor Surveillance System

PHYSICAL ENVIRONMENT AND SAFETY

As adults age, injury from falls becomes a concern. Nationally, more than a third of adults ages 65 and over suffers a fall during the year.⁸³ One common result of these falls is hip fractures. Across the United States there were 8.5 hospitalizations for hip fracture injuries per 1,000 adults over age 64 (2004).⁸⁴ In Manchester and the HSA, there were 0.8 hip fracture hospitalizations per 1,000 adults over 64, much lower than the national rate (2004).⁸⁵

FAMILY AND SOCIAL ENVIRONMENT

MANCHESTER HOUSEHOLDS WITH OLDER ADULTS			
	NUMBER IN 2007	PERCENT OF ADULTS ≥65 IN 2007	PERCENT OF ADULTS ≥65 IN 2000
Residents 65 and over in family households	7,867	57.3%	55.8%
Male Residents 65 and over living alone	845	6.2%	8.0%
Female Residents 65 and over living alone	3,418	24.9%	26.0%

Source: American Community Survey 2007, Census 2000

Of the 45,481 households in Manchester, 9.4% of them consist of an adult over 64 living alone which puts them at risk of becoming isolated from the larger community. When older adults live alone, they are more likely to report poor health, poor diet, and poor functioning.^{86,87} Older adults living alone are also of concern for the community because as they age, the likelihood of developing disabling health problems for which they need assistance grows.

Nationally, people ages 65 and older experience violent crimes and property crimes at much lower rates than younger individuals.⁸⁸ At the same time, older adults may be more vulnerable than other age groups to certain types of crime. For example, elder abuse or maltreatment, which is usually under-reported and usually happens at the hands of a person the elder trusts, is a serious safety concern for older adults.⁸⁹ As evidenced by the table below, 13% of the 1,481 elder abuse cases reported to the state were for Manchester residents.

REPORTED ABUSE FOR 60 YEARS OF AGE AND OLDER BY TYPE 7/1/08 TO 5/1/09							
	EMOTIONAL	EXPLOITATION	NEGLECT	PHYSICAL	SELF-NEGLECT	SEXUAL	TOTAL
Manchester	29	20	17	16	115	0	197
Entire State	211	202	183	99	778	8	1,481

Source: NH Bureau of Elderly and Adult Services

EDUCATION

Differences in education level contribute to variations in health status across a population. In particular, health literacy (the degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions) is generally lower among people who have less education. Older adults are more likely to have limited health literacy.⁹⁰ Understanding the population's education level can help communities plan for the health needs of older adults.

OLDER ADULTS IN 2007		
	HIGH SCHOOL GRADUATE OR HIGHER	BACHELOR'S DEGREE OR HIGHER
New Hampshire Residents 65 years and over	80.4%	23.5%
Manchester Residents 65 years and over	72.0%	13.3%
Manchester Male Residents 65 and over	74.4%	18.1%
Manchester Female Residents 65 and over	70.5%	10.3%

Source: American Community Survey 2007

ECONOMIC CIRCUMSTANCES

Adults with fewer financial resources are at higher risk of poor health outcomes.⁹¹ While many adults are working past the time where they are eligible for retirement, many other adults age 65 and over survive on a fixed or limited income. In 2007, 6.2% of adults ages 65 and over in Manchester lived at or below the Federal Poverty Level, and 10.2% of the 12,221 households in Manchester that include at least one adult 60 years or over received food stamps.⁸



FOCUS GROUP PARTICIPANTS WEIGH IN: HEALTHY AGING—AGE 65 AND OLDER

Elders who participated in our focus group discussions were concerned about being able to afford dental and vision care, losing their independence and mobility as they aged, and the costs of social service supports.

- In general, older focus group participants had good things to say about the medical care offered in the area.
- All the focus group participants felt well covered by their insurance plans, and many had supplemental coverage to assist with pharmacy costs. As a group, older participants were generally satisfied with their health insurance coverage and reported having no trouble getting appointments for medical care.
- Some participants reported being unable to access affordable dental or eye care.
- Participants reported being concerned that their health status was failing as they aged and described their fears about losing their independence and becoming a burden to their families.
- The issue that area elders talked about most frequently in relationship to their wish to remain independent was transportation. Elders and frail elders want the independence to transport themselves to appointments but often do not have the resources to do so, which creates a feeling that they are burdening their families. They identified the need for a better and more affordable public transportation system, above and beyond what is provided by Easter Seals and Seniors Count (programs that they were aware of and used).
- Participants discussed the need for more social programs and less expensive “Meals on Wheels” type programs.
- Safety was not an issue of concern among these focus group participants as most participants lived in apartment communities where they felt safe.



DATA SNAPSHOT: HEALTHY AGING—AGE 65 AND OLDER

HEALTHY AGING INDICATORS	MANCHESTER	MANCHESTER HSA	NH WITHOUT MANCHESTER
Family and social environment			
Percent of persons age 65 and over that are living alone, 2007, American Community Survey	31% (n=4,263)	na	24.9% all NH (n=41,278)
Percent of persons age 75 and over that are living alone	developmental		
Proportion of households with an individual 65 and over who is dependent upon a caregiver	developmental		
Proportion of households in which at least one grandparent is the primary caregiver of children under 18 years	developmental		
Number of reported cases of abuse of incapacitated adults age 60 years and over, 07/01/08 to 05/01/09, NHDHHS Bureau of Elderly and Adult Services	197	na	1,284
Percent of the population age 65 years and over that has a self-care disability, 2007, American Community Survey	9.9%	na	7.7% all NH
Percent of elderly residing in a nursing home on a given date.	developmental		
Economic Circumstances			
Proportion of adults age 65 and older live below 100% poverty, 2007, American Community Survey	6.2%	na	6.5% all NH
Property ownership among adults age 65 and older	developmental		
Education			
Percent of persons age 65 and over who did not graduate from high school, 2007, American Community Survey	28.0%*	na	19.6% all NH
Percent of persons age 65 and over who have a bachelor's degree or higher, 2007, American Community Survey	13.3%*	na	23.5% all NH
Physical environment and safety			
Manchester census tracts that have a population consisting of at least 25% individuals age 55 and over, 2000, Census	1.02, 7, 8, 11, 12, 22, 25		
Persons age 65 and older in Households by Dwelling Type	developmental		
<i>* Significantly different from the rest of New Hampshire excluding Manchester</i>			

HEALTHY AGING INDICATORS	MANCHESTER	MANCHESTER HSA	NH WITHOUT MANCHESTER	HP 2010
Behavior				
Percent of adults age 65 and older who eat five or more fruits and vegetables daily, 2007, NH DHHS Behavioral Risk Factor Surveillance System	na	29.9%	30.7%	
Percent of adults age 65 and older who have had no leisure-time physical activity in past month, 2008, NH DHHS Behavioral Risk Factor Surveillance System	na	29.2%	31.9%	20% adults 18 and over
Percent of adults age 65 and older who are currently smoking, 2008, NH DHHS Behavioral Risk Factor Surveillance System	12.0%	9.2%	6.7%	
Health				
Adults age 65 and over who experience frequent mental distress, 2008, NH DHHS Behavioral Risk Factor Surveillance System	9.7%	7.8%	5.4%	
Mean number of physically unhealthy days among adults age 65 and over in the last 30 days, 2008, NH DHHS Behavioral Risk Factor Surveillance System	5	4.8	4.7	
Percent of adults age 65 and older who are obese, 2008, NH DHHS Behavioral Risk Factor Surveillance System	25.00%	22.80%	23.30%	15% adults 18 and over
Percent of adults age 65 or older who have been diagnosed with arthritis or a similar condition, 2007, NH DHHS Behavioral Risk Factor Surveillance System	na	57.8%	55.5%	
Percent of adults 65 and older who report a physical, sensory, mental, or self-care disability, 2007, American Community Survey	41.8%	na	35.8% all NH	
Proportion of adults 65 and older who have Alzheimer's disease	developmental			
Rate of hospitalization among adults age 65 and older after a fall	developmental			
Rate per 1000 of hospitalization for hip fractures among adults age 65 and over, 2006, NH DHHS, Hospitalization Data	1.0 (n=14)	1.2 (n=27)	1.1 (n=172)	4.2 females, 4.7 males
Percentage of adults age 65 and older experiencing a major depressive episode during the past year	developmental			
Rate per 100,000 of death from heart disease for adults 65 and older, 2006, NH DHHS, Death Data	248.6* (n=240)	230.1* (n=368)	173.4 (n=1,840)	
Leading causes of hospitalization for the population ages 65 and older, 2006, NH DHHS Hospitalization Data	Heart failure; Chronic ischemic heart disease; Cardiac dysrhythmias; Pneumonia; and Heart attacks			
Leading causes of death for the population age 65 and older, 2006, NH DHHS Death Data	Heart Disease; Cancer; Chronic lower respiratory diseases; Stroke; Alzheimer's disease;			

HEALTHY AGING INDICATORS	MANCHESTER	MANCHESTER HSA	NH WITHOUT MANCHESTER	HP 2010
Access				
Percent of adult females age 65 and older who have had a mammogram within past two years, 2008, NH DHHS Behavioral Risk Factor Surveillance System	92.6*	88.9%	83.4%	
Proportion of adults age 65 and older who have received an influenza vaccination in the past 12 months, 2008, NH DHHS Behavioral Risk Factor Surveillance System	78.0%	80.0%	78.1%	90%
Percent of adults age 65 and older who have ever had sigmoidoscopy or colonoscopy, 2008, NH DHHS Behavioral Risk Factor Surveillance System	85.2%	88.0%*	79.2%	
Proportion of the population age 65 and older who have had cholesterol checked within the past 5 years, 2007, NH DHHS Behavioral Risk Factor Surveillance System	na	99.8%	98.2%	80% adults 18 and over
Physician visits per annum for adults age 65 and older	developmental			
Presence of a full continuum of care	developmental			
Preventive health services for adults age 50-64 years	developmental			
<i>* Significantly different from the rest of New Hampshire excluding Manchester</i>				

