



Fact Sheet-07-18

Health Report on Nevada's Aging Population

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Introduction

According to the U.S. Census Bureau (2006) an estimated 78 million children were born shortly after the end of World War II. The first of this generation of individuals, known as the "Baby Boomers," will be turning 65 years old in 2011. By 2030, it is estimated that one in five Americans will be 65 or older. In Nevada, the 65-plus age group currently accounts for 11.3% of the total population, and by 2030, it is projected that the population change of this age group will increase over 260% from the year 2000 (UNLV Center for Democratic Culture 2005). This senior population is proportionally growing faster than any other age group and may potentially have a great impact on policies in the political, economic and social arenas. As the number of senior citizens increases, associated health care costs will increase, potentially affecting other population sectors. In 1999, personal health care spending was in excess of \$1 trillion for all ages in the United States. While the elderly accounted for 13% of the population, they were responsible for 36% of personal health care costs (Health Care Financing Review 2004). In order to improve senior health and to prepare for future impacts, we must first understand the current senior health situation and then develop educational programs at community levels that positively affect quality of life.

Healthy Aging

Healthy aging has been referred to as "the development and maintenance of optimal mental, social and physical well-being and function in older adults . . . most likely to be

achieved when communities are safe, promote health and well-being, and use health services and community programs to prevent or minimize disease" (Minnesota Department of Health 2006). Inherent in this definition is the realization that other components, not just the physical aspect, are important in the aging process. While a senior's physical condition can directly be related to the normal aging process, social and emotional issues can influence how well one ages. This definition also implies that communities can affect the aging process through educational programs that recognize the aging process.

Changes in Health with Aging

With age comes a natural change in physical ability. While engaging in an active, healthy lifestyle can provide a positive benefit for our body and mind, the aging process does influence how our body reacts and recovers. While no two people age the same, there are reported typical changes that may occur. For example, changes in our vision, hearing and dental condition. Skin becomes less elastic and more fragile and the digestive system may slow. Bones are not as strong and joints and tissues can lose strength and flexibility. In addition, the cardiovascular system may become less efficient, causing the heart to work harder than it used to. Because seniors tend not to get needed exercise, maintaining a healthy weight may also become an issue (Mayo Clinic 2006). While we have no control over stopping the natural aging process, we can affect how our bodies function during the aging process. Eating a diet low in saturated

fat and high in fruits, vegetables and whole grains, coupled with regular exercise, can improve our health. Improved health can enhance our quality of life. Of equal importance is the need to participate in early detection practices. Through screening methods and preventive measures, diseases and conditions can be addressed early on, perhaps favorably affecting treatment and recovery.

Report on Healthy Aging

In 1990, the National Health and Human Services released *Healthy People 2000* due to the concern for the health status of Americans. This report was designed to help guide states and communities in creating programs to improve the health of all Americans. The report also identified strategies to help educate citizens and measure how well the population was improving. "Targets" were provided to help measure health indicators. For example, the indicator for "overweight" had a target of 20, meaning that the goal was to have less than 20% of the population listed as being overweight (National Center for Health Statistics 2006). After the release of *Healthy People 2000*, targets were measured and reported on. For persons 65 and older, 10 targets were initially identified in the categories of "health behaviors," "preventative care and cancer screening" and "fall-related deaths and injuries." In the area of health behaviors, indicators are shown in Table 1, along with the data for each indicator and the date it was obtained (Merck, et al 2003). Data was obtained from all 50 states and the District of Columbia.

Indicator	% / year data taken	Healthy People 2000 Target
No physical activity during leisure-time in the last month	34.6 / 2000	≤ 22%
Overweight	37.1 / 1999	≤ 20%
Eating 5 plus fruits/vegetables daily	31.8 / 2000	50% or more
Current smoker	11.1 / 97-98	≤ 15%

Adapted from *The State of Aging and Health in America* 2003.

Table 1 indicates that in response to *Healthy People 2000*, 34.6% of the target population had not engaged in any physical activity in the last month. The target goal was no more than

22% having no physical activity. In addition, the goal was to have no more than 20% of the population considered overweight. However, the report indicated that 37.1% of the population was overweight. Finally, when it came to eating five or more fresh fruits or vegetables per day, only 31.8% reported they had consumed the recommended amount. As a nation, the only indicator met by seniors was the reduction of smoking. However, when looking at a state report, the only state to fail the smoking indicator was Nevada, based upon the target of less than 15%. Eighteen percent (18%) of Nevada's seniors were still smoking.

Of the 10 targets, eight were given a pass/fail grade. For Nevada, Table 2 represents those eight indicators, the data and the state ranking for Nevada.

Indicator	% / year data taken	Target	Grade	Rank
No physical activity	34.3 / 2000	≤ 22%	Fail	24
Overweight	37.6 / 98-00	≤ 20%	Fail	14
Eating 5 plus	30.8 / 98-00	≥ 50%	Fail	36
Current smoker	18.0 / 98-00	≤ 15%	Fail	51
Flu vaccination	59.5 / 97-99	≥ 60%	Fail	48
Pneumonia vaccination **	57.9 / 97-99	≥ 60%	Fail	3
Mammogram	74.0 / 98-00	≥ 60%	Pass	24
Colorectal cancer screening	50.4 / 97-99	≥ 40%	Pass	22

Adapted from *The State of Aging and Health in America* 2003.

**While Nevada ranked "3" under indicator "Pneumonia vaccination", no state in the nation passed.

As indicated in Table 2, Nevada seniors failed six of the eight pass/fail targets. Nevada seniors passed two indicators - having a mammogram and being screened for colorectal cancer.

While Table 2 reports on eight of the 10 national targets, it does not provide information on the remaining two targets. These two targets are hip fractures and fall-related deaths. The target was to have no more than 607 hospitalizations for hip fractures per every 100,000 hospitalizations, and no more than 105 deaths per 100,000 fall and fall-related injuries in the 65-and-older age category.

Healthy People 2010

As previously stated, targets identified in *Healthy People 2000* were re-measured and re-evaluated, and a final review was provided in 2001. Experts assessed the data and revised objectives to ensure they were accurate, current and beneficial. *Healthy People 2010* covers 28 focus objectives with 467 specific indicators. In addition, its two main goals are “increasing quality of years of healthy life and to eliminate health disparities” (Healthy People 2010 Midcourse Review). In 2004, *Healthy People 2000* objectives were re-measured. Table 3 provides that data and the date obtained. Italicized indicators are new indicators. Table 3 provides the pass/fail score of *Healthy People 2000* indicators and the new *Healthy People 2010* targets, if available.

Indicators	Data/Year	Pass/Fail for 2000 Target	Target 2010
<i>Physically unhealthy days (mean number of days in past month)</i>	5.5/2001		
<i>Frequent mental distress (%)</i>	6.3/2000-2001		
Oral health: complete tooth loss (%)	22.4/2002	Fail	≤ 20%
<i>Disability (%)</i>	30.8/2001		
No leisure time physical activity in past month (%)	32.9/2002	Fail	≤ 20%
Eating 5+ fruits and vegetables daily (%)	32.4/2002	Fail	
Obesity (%)	19.5/2002	Fail	≤ 15%
Current smoking (%)	10.1/2002	Pass	≤ 12%
Flu vaccine in past year (%)	68.6/2002	Pass	≥ 90%
Ever had pneumonia vaccine (%)	63.0/2002	Pass	≥ 90%
Mammogram within past 2 year (%)	77.2/2002	Pass	≥ 70%
Ever had sigmoidoscopy or colonoscopy (%)	58.3/2002	Pass	≥ 50%
<i>Up to date on select preventive services (%)</i> <i>Men</i> <i>Women</i>	34.4/2002 33.4/2002		
Cholesterol checked within past 5 years (%)	85.4/2001	Pass	≥ 80%
Hip fracture hospitalizations (per 100,000 persons) Men Women	877 total 525/2002 1127/2002	Fail 607 Total	474 416

Adapted from *The State of Aging and Health in America* 2004.

Healthy People 2000 identified overweight as an indicator. However, *Healthy People 2010* measures obesity. Overweight is defined as having a Body Mass Index (BMI) of 27.3 or greater. Obesity is having a BMI of 30.0 or more. In addition, the category of eating five or more fruits and vegetables per day was redefined for *Healthy People 2010* by separating the fruits and vegetables into different categories

Table 4 lists how well Nevada did in meeting *Healthy People 2010* targets, including the date the data was reported. Table 4 also provides the state ranking of how Nevada seniors compared to seniors in other states.

Indicators	Data/Year	Pass/Fail 2010 Target	State Ranking
<i>Physically unhealthy days (mean number of days in past month)</i>	5.6/2001		31
<i>Frequent mental distress (%)</i>	7.6/2000-2001		42
Oral health: complete tooth loss (%)	20.5/2002	Fail	16
<i>Disability (%)</i>	31.9/2002		30
No leisure time physical activity in past month (%)	30.0/2002	Fail	14
Eating 5+ fruits and vegetables daily (%)	27.7/2002	Fail	43
Obesity (%)	20.8/2002		31
Current smoking (%)	15.3/2002	Fail	49
Flu vaccine in past year (%)	60.3/2002	Pass	47
Ever had pneumonia vaccine (%)	65.0/2002	Pass	14
Mammogram within past 2 year (%)	76.9/2002	Pass	29
Ever had sigmoidoscopy or colonoscopy (%)	58.3/2002	Pass	26
<i>Up to date on select preventive services (%)</i> <i>Men</i> <i>Women</i>	32.2/2002 35.0/2002		36 20
Cholesterol checked within past 5 years (%)	84.9/2001	Pass	29
Hip fracture hospitalizations (per 100,000 persons) Men Women	No state level data reported for this indicator		

Adapted from *The State of Aging and Health in America* 2004.

Nevada's Report

Of the pass/fail targets reported, Nevada seniors failed four and passed five. Of those

targets reached, all five are preventative health strategies designed to screen or prevent serious illness or disease and are often covered under medical insurance plans. Nevada seniors failed to eat the recommended number of fruit and vegetable servings, get adequate physical activity or quit smoking. Although tooth loss has decreased since the 1950's, more than half of adults older than 65 are toothless and run the risk of both cavities and periodontal disease (CDC, et al 2004).

Leading Health Indicators

In order to measure health status in the U.S., 10 leading health indicators were selected that had a measurable data source and were considered important as public health issues. Leading health indicators for all populations include 1) physical activity, 2) overweight and obesity, 3) tobacco use, 4) substance abuse, 5) responsible sexual behavior, 6) mental health, 7) injury and violence, 8) environmental quality, 9) immunization and 10) access to health care. Some objectives seek to increase positive behaviors or outcomes while others are stated in terms of decreasing negative behaviors or outcomes. Progress reports in these 10 categories are designed to provide accurate information in order to motivate communities to educate residents on healthy lifestyle choices.

Conclusion

Several factors can influence how we age. Some are part of a normal aging process, some are genetic and the environment affects others. Engaging in a healthy lifestyle can positively influence the aging process. At present, seniors have not measured well on various indicators used to report health status. Education addressing preventive measures can keep the entire population, including seniors, healthy. The senior population is aging, projected to be 20% of the total population in 2030. In 1980, Medicare spending was \$33.9 billion. In 2002, that cost rose to \$242.2 billion (CDC et al 2004.) By 2012, it is expected to double. Increasing health care costs can potentially affect the entire population. Through an understanding of current health issues and how seniors are aging, educational programs can be developed at community levels that positively affect quality of life.

References

Centers for Disease Control, Merck Institute of Aging and Health. 2004. *The State of Health and Aging in America 2004*. Available online at:

www.cdc.gov/aging/pdf/State_of_Aging_and_Health_in_America_2004.pdf

Health Care Financing Review 2004. *Age Estimates in the National Health Accounts*. Available online at:

www.cms.hhs.gov/apps/review/web_exclusives/keehan/pdf

MayoClinic.com. 2006. *Aging: What to expect as you get older*. Available online at:

www.mayoclinic.com/print/aging/HA00040/METHOD=print

Merck Institute of Aging and Health and The Gerontological Society of America. 2003. *The State of Aging and Health in America*. Available online at:

www.agingsociety.org/agingsociety/publications/state/index.html.

Minnesota Department of Health. 2006. *Creating Healthy Communities for an Aging Population*. Available online at:

www.health.state.mn.us/divs/chs/rhae/healthy_aging/healthyaging/HAreportnofs.doc

National Center for Health Statistics. *Healthy People 2000 Final Review*. Hyattsville, Maryland: Public Health Service. 2001. Available online at:

www.cdc.gov/nchs/data/hp2000/hp2k01.pdf

UNLV Center for Democratic Culture, (2005) *Aging Trends and Challenges in Nevada*. Available online at:

www.unlv.edu/centers/clv/healthnv/aging.html

U.S. Census Bureau. 2006. *Facts for Features*. Available online at:

www.census.gov/PressRelease/www/releases/archives/facts_for_features_special_editions/00_of_Ag6105.html

USA.gov. 2007. *Healthy People 2010 Midcourse Review*. Available online at:

www.healthypeople.gov/data/midcourse/default.htm.