

Healthy Aging Data Report Massachusetts 2014



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Defining *Healthy Aging*



FIGURE 1: INGREDIENTS OF HEALTHY AGING



Walter Leutz, PhD. Healthy Aging in the Commonwealth: Pathways to Life Long Wellness. Presented at the 2013 Healthy Aging Forum. Newton, MA.



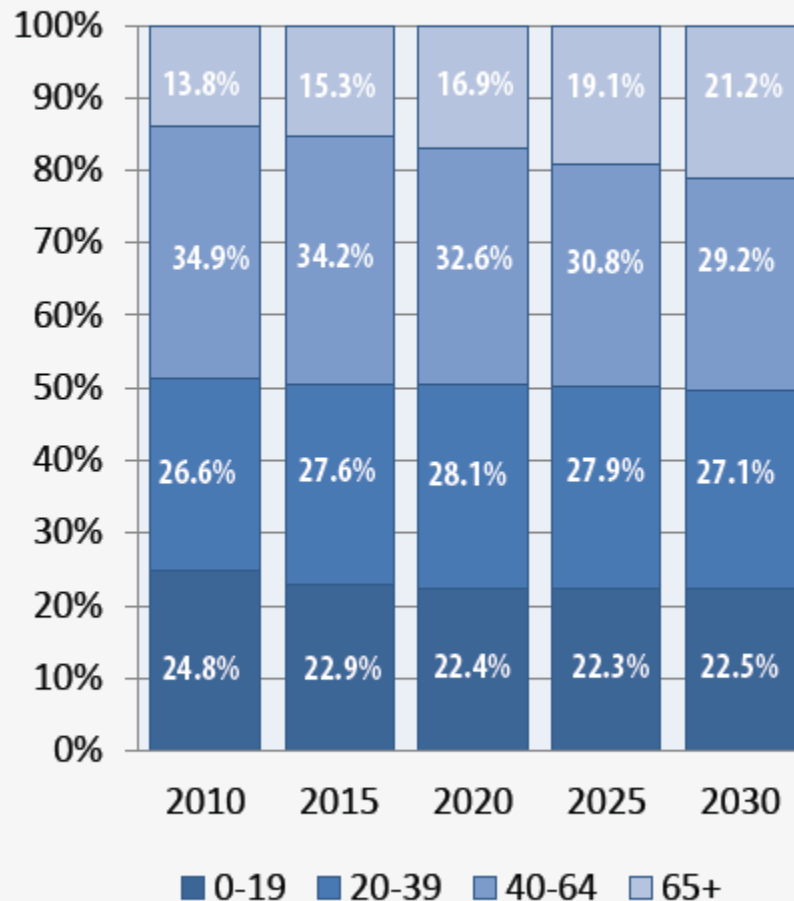
Gains in human longevity (1900=47; 2010=79).

1 in 8 (13.3%) US population. 41.4 million Americans (2011);

A remarkable 8,000 adults per day turn 65!

Massachusetts will steadily get older.

CHART 1: MASSACHUSETTS PROJECTED POPULATION DISTRIBUTION BY AGE GROUP 2010-2030



Source Data: U.S. Census Bureau, 2010 Census Summary File 1:
UMass Donahue Institute Population Projections 2013

The arrival....



Healthy Aging toolbox





HIGHLIGHTS FROM THE
MASSACHUSETTS HEALTHY
AGING DATA REPORT:

COMMUNITY PROFILES 2014



COMMISSIONED BY


TUFTS  Health Plan
FOUNDATION

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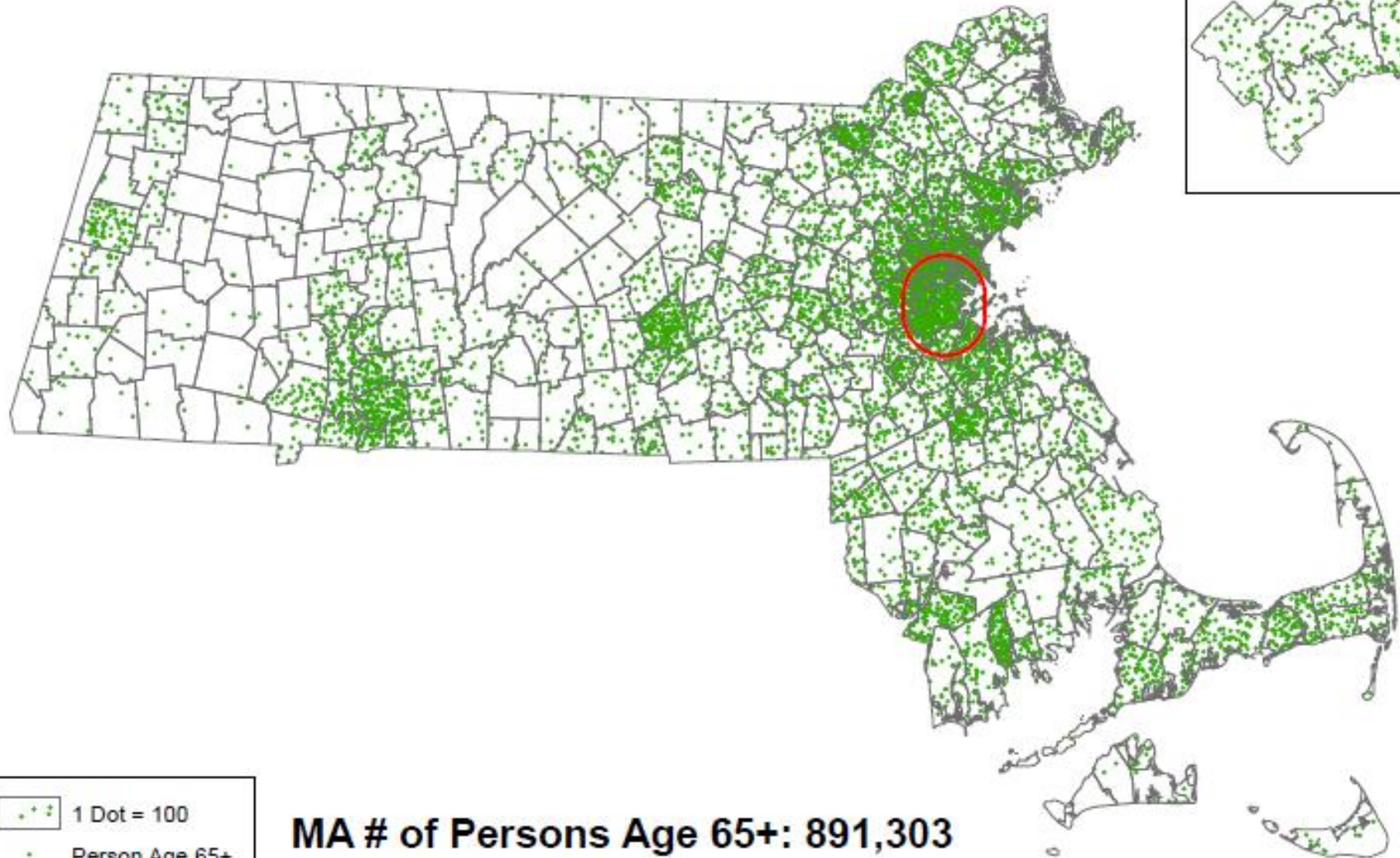


**Frank Porell PhD, Nina Silverstein PhD,
Jay Chae Man Lee MS, Joo Suk Chae MS,
Kristina Turk MS, Brittany Gaines MS & Amanda Cox MS.**

Research commissioned by the Tufts Health Plan Foundation



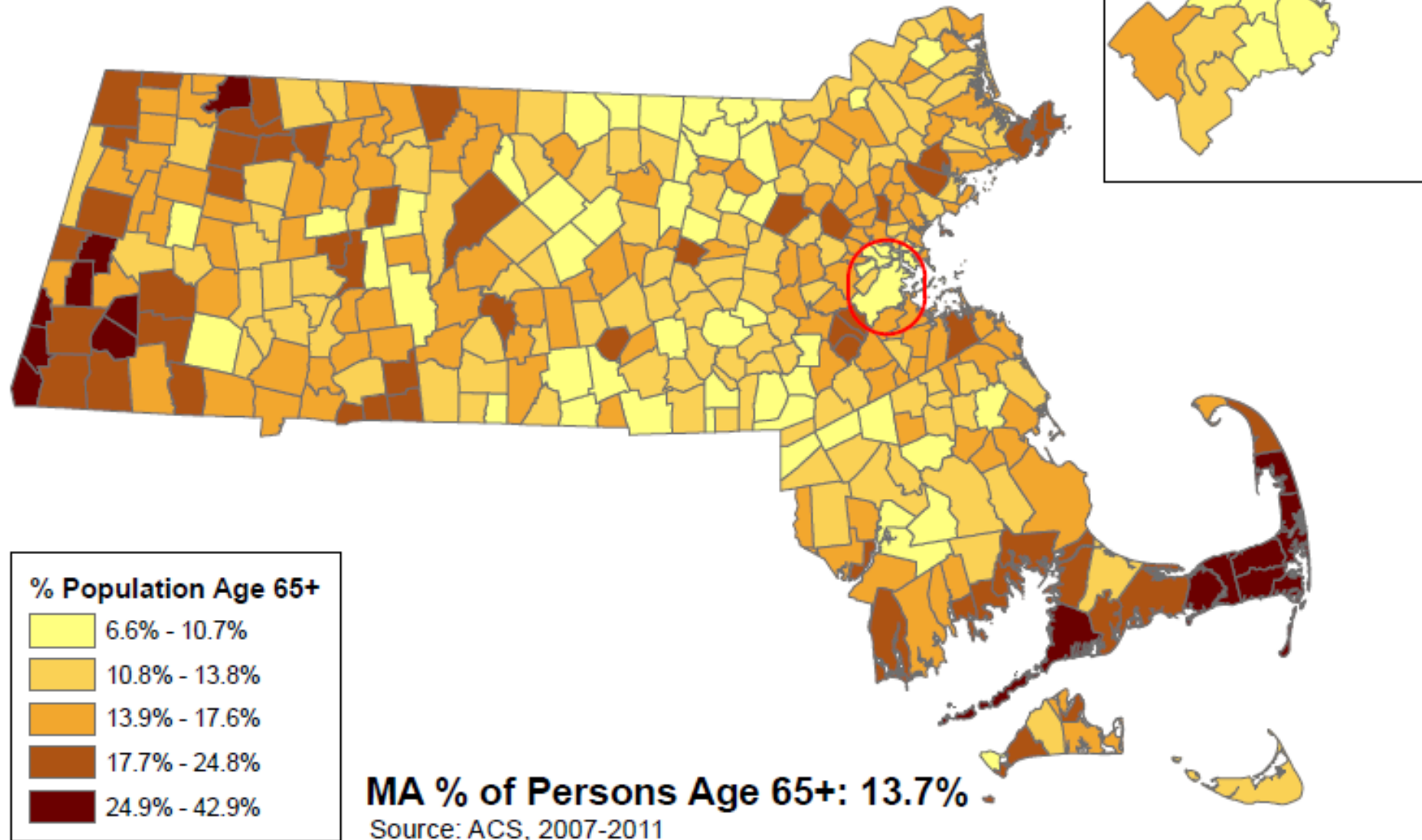
Density of Population Age 65+ Years By Town / City / Community



MA # of Persons Age 65+: 891,303

Source: ACS, 2007-2011

Percentage of Population Age 65+ Years By Town / City / Community



Key Findings: The **Good** News

- ▶ **Arthritis and COPD** (Chronic Obstructive Pulmonary Disease) rates are lower compared to national averages.
- ▶ When compared to other states Massachusetts is advantaged in terms of average education level, income, and access to health insurance.
- ▶ The United Health Foundation report ranked MA 1st in obtaining health screenings among persons 65+.
- ▶ And we have the world champion Red Sox!



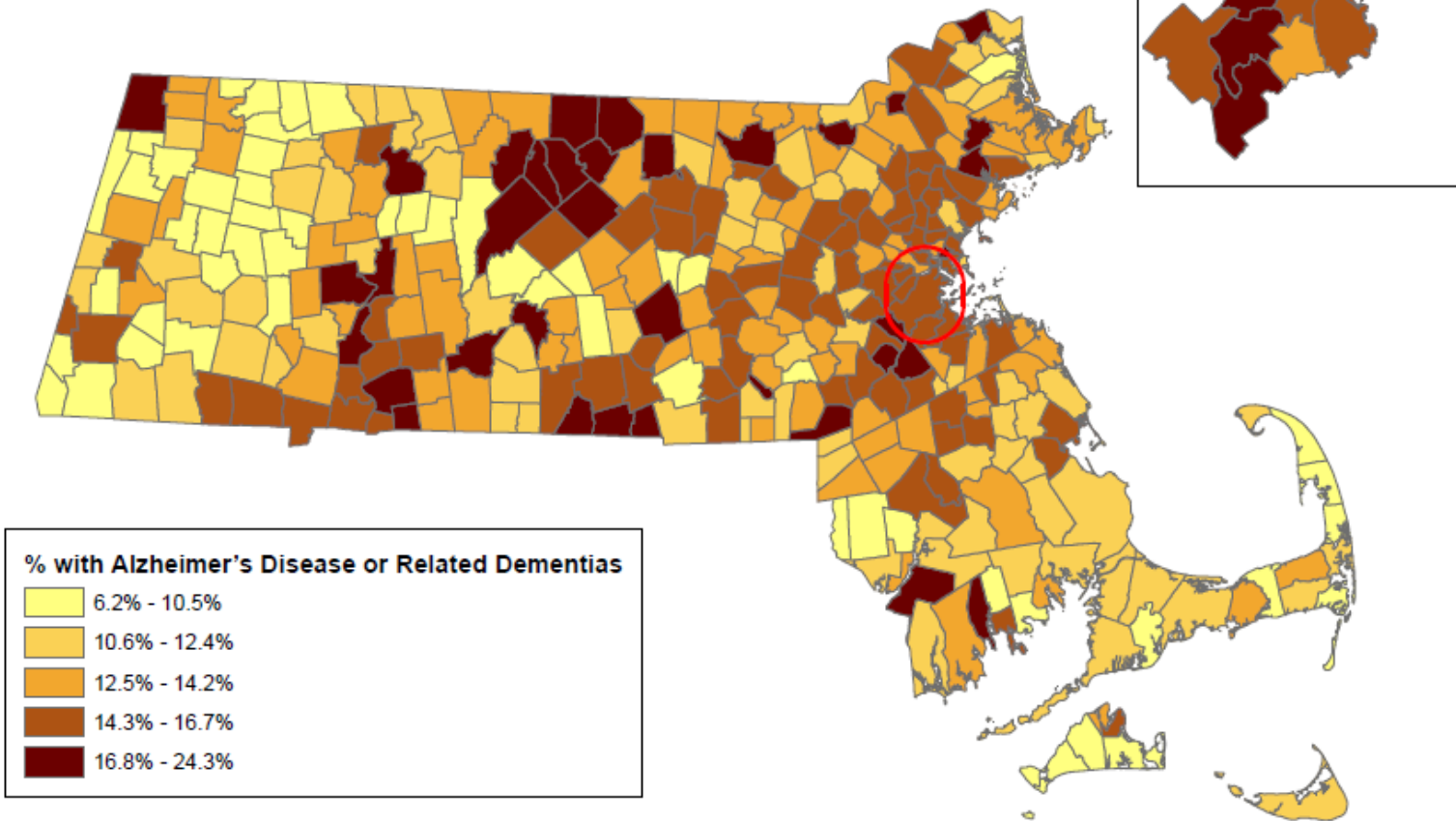
Key Findings: The **Bad** News

- ▶ **Diabetes:** Nearly 1 in 3 (32%) of adults 65+ have *ever* been dx.
- ▶ **Depression** rates higher compared to national averages.
- ▶ **Hypertension** rates higher than national averages.
- ▶ **Alzheimer's disease** and related dementia rates higher than national averages.
- ▶ Multiple **Chronic Conditions:** 59% of adults 65+ have **4 or more**.

Key Findings: More **Bad** News

- ▶ **Obesity:** About 1 in 4 (23%) of adults 60+ are obese (BMI of 30).
- ▶ **Cancer:** 15% of men 65+ have prostate cancer.
- ▶ **Flu shots:** 2 out of 3 adults 60+ get a flu shot.
- ▶ **Shingles vaccine:** Only 15% have taken a shingles vaccine.

Percentage of Medicare Beneficiaries Age 65+ Years with Alzheimer's Disease or Related Dementias By Town / City / Community

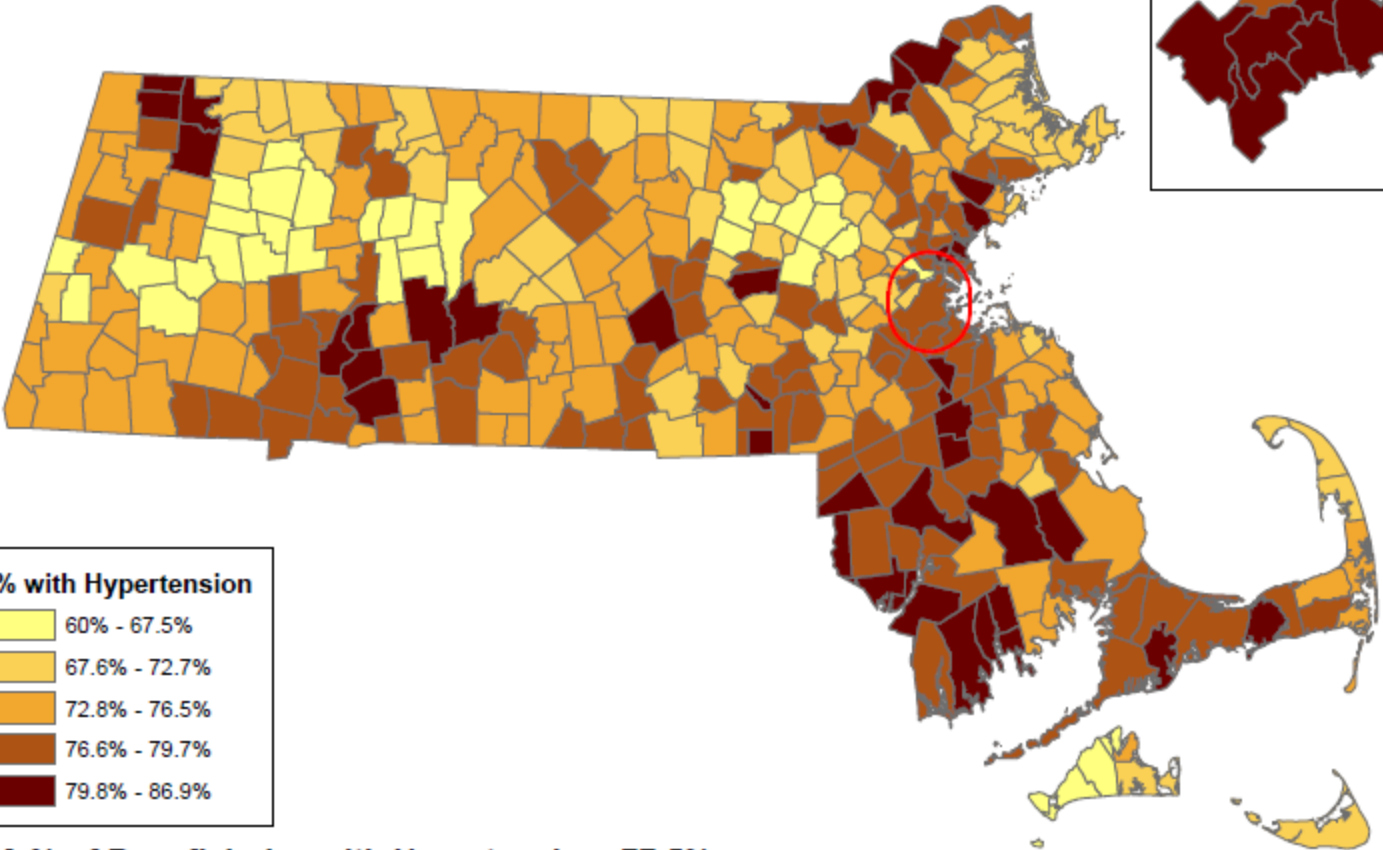


MA % of Beneficiaries with Alzheimer's Disease or Related Dementias: 14.4%

Source: CMS

Gardner 24%, Roslindale 23%, Webster 22%, Jamaica Plain 21%, Chelsea 20%

Percentage of Medicare Beneficiaries Age 65+ Years with Hypertension By Town / City / Community

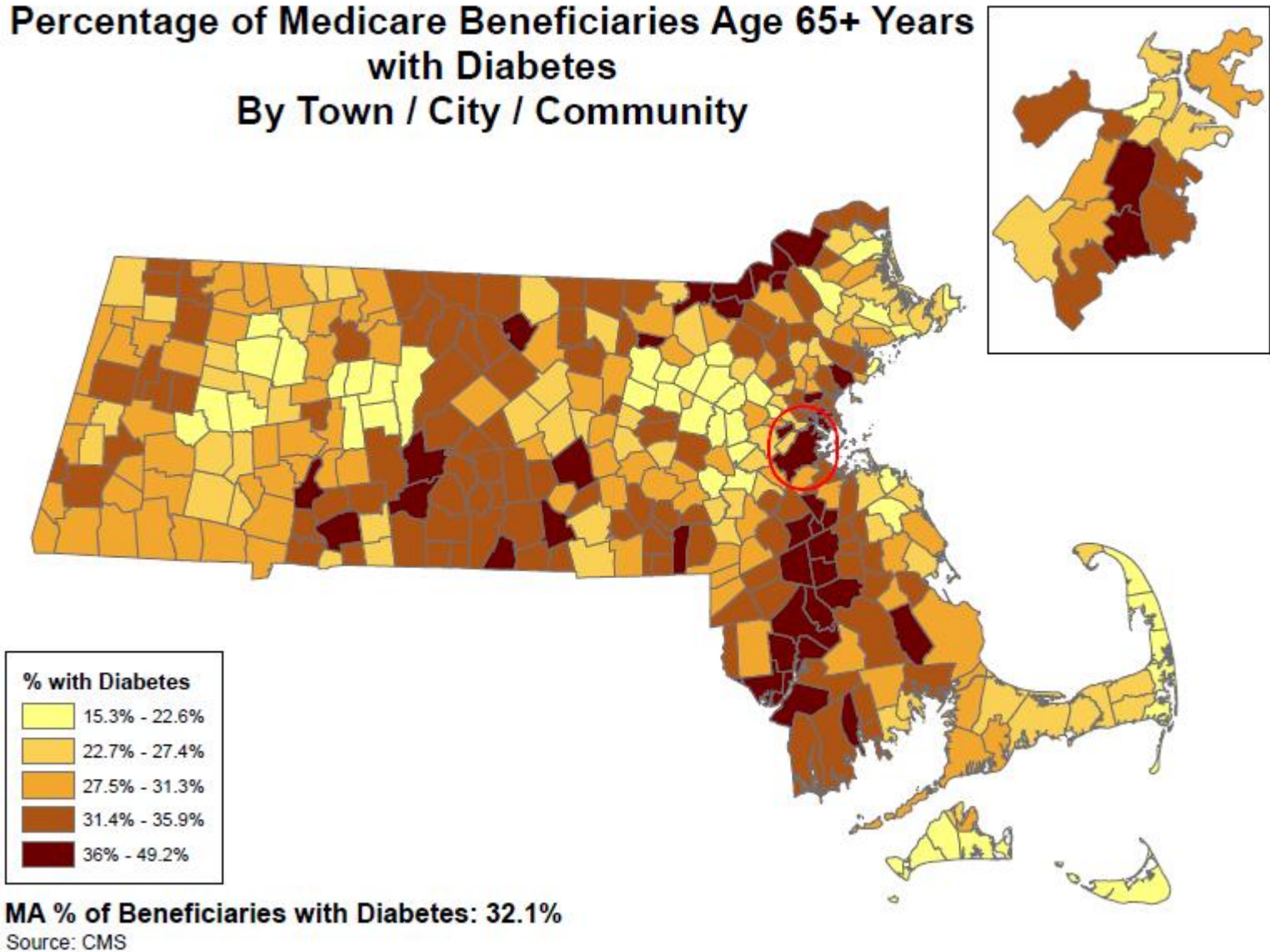


% with Hypertension	
Light Yellow	60% - 67.5%
Yellow-Orange	67.6% - 72.7%
Orange	72.8% - 76.5%
Brown	76.6% - 79.7%
Dark Brown	79.8% - 86.9%

MA % of Beneficiaries with Hypertension: 77.5%
Source: CMS

Somerset 87%, Fall River 87%, Taunton 84%, Roxbury 84%, New Bedford 84%

Percentage of Medicare Beneficiaries Age 65+ Years with Diabetes By Town / City / Community

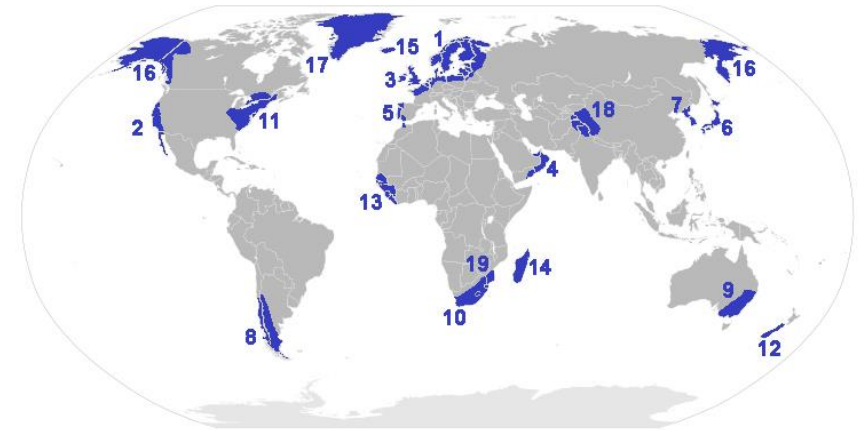


Mattapan 49%, Roxbury 47%, Fall River 45%, Lowell 44%, Lawrence 44%

Key Findings

Priority Communities	
New Bedford	-31
Springfield	-25
Fall River	-24
Worcester	-20
Lowell	-19
South Boston	-16

Key Findings

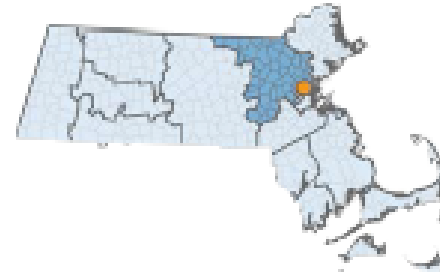


Communities With Strengths in Healthy Aging

Carlisle	+24
Wellesley	+23
Harvard	+21
Brookline	+20
Belmont	+20
Stow	+20

Somerville (Middlesex)

Somerville is a city 3 miles from Boston with 6,767 residents aged 65 or older and is considered "a walker's paradise" (walkscore: 91/100). Compared to Massachusetts state averages, older residents do better on: preventive health (not smoking, shingles vaccine, cholesterol monitoring), perceptions (self-rated physical and mental health), and a few chronic disease indicators (stroke, arthritis, prostate cancer). However, compared to state averages older residents did worse on: depression, diabetes, ischemic heart disease, congestive heart failure, hospital stays, and emergency room visits. There are many community resources directed to promoting healthy aging in Somerville, including: a MA Department of Public Health walking club, Mass in Motion community, YMCA, Council on Aging, Parks and Recreation department, lifelong learning programs, and access to the MBTA Ride and ITNGreaterBoston.



POPULATION COMPOSITION ¹	COMMUNITY ESTIMATE	STATE ESTIMATE
Total population all ages	75,754	6,547,629
Population 65 years or older as % of total population	9.0%	13.7%
Total population 65 years or older	6,767	891,303
% 65-74 years	45.9%	49.8%
% 75-84 years	39.4%	34.3%
% 85 years or older	14.8%	15.8%
<i>Living Situation (65+ population)</i>		
% living alone	37.4%	32.0%
<i>Gender (65+ population)</i>		
% female	62.0%	58.5%
<i>Race/Ethnicity (65+ population)</i>		
% White	89.5%	91.5%
% African American	4.5%	3.8%
% Asian	4.4%	2.7%
% Other	1.6%	2.1%
% Hispanic/Latino	2.7%	2.9%

HEALTHY AGING INDICATORS	BETTER / WORSE STATE RATE	COMMUNITY ESTIMATE	STATE ESTIMATE
PHYSICAL/MENTAL HEALTH²			
% with self-reported fair or poor health status	B	14.5%	20.7%
% injured with a fall in last 3 months		3.9%	5.1%
% with 15+ physically unhealthy days last month		10.5%	14.0%
% disabled for a year or more		30.6%	31.0%
Age-sex adjusted 1-year mortality rate		5.2%	4.7%
% with 15+ days poor mental health last month	B	2.6%	6.7%
% satisfied with life		95.8%	95.8%
% receiving adequate emotional support		77.4%	80.7%
% ever diagnosed with depression	W	31.5%	28.6%
CHRONIC DISEASE³			
% with Alzheimer's disease or related dementias		14.5%	14.4%
% with diabetes	W	34.9%	32.1%
% with stroke	B	11.3%	12.6%
% with chronic obstructive pulmonary disease (COPD)		23.9%	23.3%
% with hypertension		76.6%	77.5%
% ever had a heart attack		4.9%	5.0%
% with ischemic heart disease	W	46.8%	44.1%
% with congestive heart failure	W	28.8%	24.8%
% with osteoarthritis/rheumatoid arthritis	B	46.9%	50.2%
% ever had hip fracture		4.2%	3.9%
% with glaucoma		25.6%	25.1%
% women with breast cancer		9.7%	10.3%
% with colon cancer		3.6%	3.3%
% men with prostate cancer	B	12.3%	14.6%
% with lung cancer		1.8%	2.1%
% with osteoporosis		21.9%	21.7%
% with 4+ chronic conditions (of 14)		58.4%	58.6%
% with no chronic conditions (of 14)	B	10.2%	8.2%

HEALTHY AGING INDICATORS	BETTER / WORSE STATE RATE	COMMUNITY ESTIMATE	STATE ESTIMATE
ACCESS TO CARE⁵			
% with a regular doctor		97.8%	96.2%
% did not see doctor when needed due to cost		3.7%	3.7%
# dentists per 100,000 persons (all ages)		88	85
SERVICE UTILIZATION⁶			
Inpatient hospital stays/1000 persons 65+ years per year	*	396	354
Inpatient hospital readmissions (as % of admissions)		18.2%	17.8%
Skilled nursing facility stays/1000 persons 65+ years per year		104	117
Home health visits per year		4.8	4.2
Physician visits per year	*	6.7	7.6
Durable medical equipment claims per year	*	2.3	2.1
Emergency room visits/1000 persons 65+ years per year	*	735	646
Part D monthly prescription fills per person per year	*	57.0	52.7
WELLNESS and PREVENTION⁷			
% any physical activity last month		78.4%	72.4%
% mammogram within last 2 years (women)		85.3%	85.4%
% colorectal cancer screening		69.3%	65.6%
% cholesterol screening	B	98.8%	95.8%
% flu shot past year		68.9%	67.8%
% pneumonia vaccine		62.3%	60.8%
% shingles vaccine	B	26.0%	14.9%
% with physical exam in past year		89.1%	90.2%
% with annual dental exam		73.4%	76.1%
COMMUNITY VARIABLES⁸		COMMUNITY ESTIMATE	STATE ESTIMATE
<i>Walkability of Community</i>			
Walkability score (0-100)	Walker's Paradise	91.0	52.6

HEALTHY AGING INDICATORS

COMMUNITY
ESTIMATE

STATE
ESTIMATE

SAFETY⁹

Violent crime rate / 100,000 persons	370	428
Property crime rate / 100,000 persons	2,288	2,259

ECONOMIC VARIABLES¹⁰

Household income (65+ householder)

% households with annual income < \$20,000	15.9%	28.4%
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\$ COUNTY
ESTIMATE

\$ STATE
ESTIMATE

RATIO OF COUNTY
TO STATE

Elder Economic Security Standard Index

Single, homeowner without mortgage, good health	\$24,600	\$23,808	1.03
Single, renter, good health	\$28,956	\$27,924	1.04
Couple, homeowner without mortgage, good health	\$35,616	\$35,532	1.00
Couple, renter, good health	\$39,972	\$39,648	1.01

See our technical report for information on data sources, methodology, and margin of errors. For most indicators the reported community and state values are both estimates derived from sample data. Hence some of the differences between state and community estimates may be due to chance associated with population sampling. We use the terms "better" and "worse" to highlight differences between community and state estimates that we are confident are not due to chance. "Better" is used where a higher/lower value should have positive implications for the health of older residents. "Worse" is used where a higher/lower score should have negative implications for the health of older residents. When the implication for healthy aging is unclear we use an *.

Explanatory Notes:

¹ Total population estimates are from the 2010 Census and are reported for individual cities/towns and subareas within Boston. Medicare managed care and dual eligible estimates are for beneficiaries 65 years or older in 2011 from the 2011 Centers for Medicare and Medicaid Services (CMS) Master Beneficiary Summary File (MBSF). For these estimates some towns with smaller populations were aggregated together resulting in 311 geographic areas in the state. The same estimate is reported for all cities/towns within the same aggregated geographic area. All other estimates are from the 2007-2011 American Community Survey (ACS) and are reported for individual cities/towns and subareas within Boston. Percentages may not add up to 100% due to rounding error.

² Mortality and depression rates were estimated from 2010-2011 CMS MBSF data for 311 geographic areas (see note 1). The 2007-2011 Behavioral Risk Factor Surveillance System (BRFSS) is the source for all other estimates. BRFSS indicators were estimated for persons 60 years or older for 33 geographic areas based on Aging Services Access Point (ASAP) geographic service areas. The same rate is reported for all cities/towns within the same ASAP service area.

³ The tooth loss rate was estimated for 33 areas from BRFSS data (see note 2). All other rates were estimated for 311 areas from CMS MBSF data (see note 1)

⁴ All rates were estimated for 33 areas from BRFSS data (see note 2).

⁵ Rates for access to doctors were estimated for 33 areas from BRFSS data (see note 2). Dentist supply estimates for 2010 were from the Area Resource File for 14 counties. The same rate is reported for all cities/towns within the same county.

⁶ All rates were estimated for 311 areas from CMS MBSF data (see note 2).

⁷ All rates were estimated for 33 areas from BRFSS data (see note 2).

Interactive Maps of Health Indicators

Maps by Amanda Cox, MS



Data Sources

- ▶ Centers for Medicare and Medicaid Services for chronic disease prevalence and Medicare service utilization rates.
- ▶ US Census (2010) and the American Community Survey data pooled over five years (2007-2011).
- ▶ Behavioral Risk Factor Surveillance System for health risk behaviors, preventive health practices, and health care access primarily related to chronic disease and injury.

- ▶ The Elder Economic Security Standard™ Index.
- ▶ Federal Bureau of Investigation Uniform Crime Reports.
- ▶ Area Health Resources File (2012-2013).
- ▶ Walkscore.com.

- ▶ Primary data collection on community resources.

TECHNICAL APPENDIX



Overview

This technical appendix contains details about the development of the health aging community profiles. It contains the technical definitions of all reported healthy aging indicators, information on all data sources and the years of data employed, definitions of the geographic units employed for different types of indicators, and the statistical methods used to estimate the indicators that were estimated from micro-level data.

1. Healthy aging indicator definitions

Due to resource limitations all healthy aging indicators had to be derived from secondary data sources. Healthy aging indicators were limited to those for which secondary data was available for geographic subareas within Massachusetts. Table A-1 contains technical definitions for all the healthy aging indicators reported in this study. This does not contain definitions for the socio-demographic variables used to describe the population composition of Massachusetts cities because these are basic population characteristics that do not require further explanation.

2. Data Sources

Multiple data sources were used in this study. Table A-2 contains a summary of all data sources and the specific years of data used for each population composition and healthy aging indicator. Estimates of community-level indicators of physical/mental health, chronic disease prevalence, access to care, wellness and prevention health behaviors, service utilization, and nutrition and diet were derived from two major data sources: the Medicare Master Beneficiary Summary File and the Behavioral Risk Factor

Inventory of healthy aging programs

A dynamic list of more than 150 evidenced-based and other programs from across the state.

Find and access programs. Get ideas from other cities/towns. Consider replicating or regionalizing your healthy aging efforts.

Add yours today!

How to use this data?

UNDERSTAND

- ▶ Spend some time reading the reports and looking at the maps.
- ▶ Let the reports and maps “speak” to you.
- ▶ What indicators are different from the state average?
- ▶ What challenges do you see? And what creative ideas do you have to overcome the challenges?

Now What?

ACTION

- ▶ Spread the word: Tell others about this resource.
- ▶ Form or join a work group to identify local priorities and take steps to address them. Ask what does your community need to work on to improve healthy aging?
- ▶ Try interventions or programs that help address issues in your community. *If low on fruits/vegetables organize farmers markets. *If obesity is a priority create walking clubs or other physical activities. Be creative!
- ▶ Support policymakers who want to make healthy aging a priority.

So What?

ENGAGE

- ▶ Please join the healthy aging collaborative.
- ▶ Participate on the web page.
- ▶ Give us feedback, share your ideas, make your voice heard.
- ▶ **Together we can make healthy aging a priority in Massachusetts, and in turn, become a model for the nation!**

Massachusetts 2014 Healthy Aging Data Report

367 Community Profiles



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