Senior Report
2019

EXECUTIVE HIGHLIGHTS

30 YEARS Analysis and Insights to Build Healthier Communities
This year marks the 30th Anniversary of America’s Health Rankings.

Throughout the year, the program will look back at key public health achievements and challenges over the past three decades. Special content will provide insights into how America’s health has changed and the organizations working to improve the well-being of individuals across the country.
EXECUTIVE HIGHLIGHTS

America's Health Rankings® Senior Report

Executive Highlights

Overview

More than 50 million seniors live in the United States, an increase of 45 percent since 2000. As this population grows, policy-makers, public health officials and community leaders are increasingly concerned with how to improve their health and well-being, as well as address new health challenges that come with growing older and living longer. America's Health Rankings® provides the latest insights and health trends among this growing population to help identify priorities and create a roadmap for action to improve the health and well-being of seniors.

The 2019 Senior Report provides a comprehensive look at the health of seniors across the nation and on a state-by-state basis. Thirty-four core measures of health are used to rank the states in the nation. The report includes:

- A special feature that compares the health of younger seniors (aged 65-74) today to 15 years ago;
- An analysis highlighting health differences among male and female senior cohorts; and
- A new supplemental measure, called “avoided care due to cost,” to illuminate the cost barrier to a doctor’s visit.

This year’s report was developed in partnership with the Gerontological Advanced Practice Nurses Association (GAPNA). The United Health Foundation is pleased to partner with GAPNA because of the valuable role that advanced practice nurses play in promoting the health and well-being of America’s seniors. As front-line clinicians, advanced practice nurses are active across the continuum of care, working in primary, acute, post-acute and long-term care to improve the health of seniors every day. The mission of the United Health Foundation — to enhance the well-being of our communities — closely aligns with GAPNA’s goal of advocating quality care for older adults.

The United Health Foundation and GAPNA are pleased to present highlights from the report. Readers are also encouraged to visit www.AmericasHealthRankings.org, where they can browse the full report and access the entire suite of data and resources.
EXECUTIVE HIGHLIGHTS

Increases in Home-Based Health Services Provide Options for Seniors

This year’s Senior Report conveys encouraging news for seniors hoping for the option to remain in their homes and communities. The number of home health and personal care aides per 1,000 adults aged 75 and older has increased 21 percent in the past year and 44 percent in the past six years. There are approximately 550,000 more home health care workers nationwide in 2019 than there were in 2018. Medicare hospice use\(^1\) has also increased in all 50 states and the District of Columbia since 2013.

• Despite recent decreases in food insecurity, it is expected to remain a challenge as baby boomers continue to age.
• Seniors experiencing food insecurity have significantly reduced intakes of vital nutrients, which could have negative implications for overall health.
• Research indicates food insecurity is associated with increases in health problems such as heart attack, diabetes, high blood pressure, asthma and depression.

\(^1\) Measured as the percentage of Medicare decedents aged 65 and older who were enrolled in hospice during the last six months of life after diagnosis of a condition with a high probability of death.
Community services related to nutrition are also improving as more seniors are enrolled in programs in their communities, like the Supplemental Nutrition Assistance Program (SNAP). Seniors also face lower levels of food insecurity compared with previous years. The reach of SNAP has increased 13 percent among seniors aged 60 and older living in poverty since 2015, with about 5.4 million eligible seniors now participating. Food insecurity has decreased 14 percent since 2017 — reversing an upward trend between 2013 and 2017. However, geographic variation still exists among states, indicating that not all seniors are experiencing increases in support services. SNAP reach is 3.6 times higher in Connecticut, the District of Columbia, Massachusetts, New York, Oregon, Pennsylvania, Rhode Island, Vermont and Washington — all at 100 percent — than it is in Wyoming, where it reaches 27.5 percent of seniors aged 60 and older living in poverty.

Food insecurity is decreasing as food assistance services, like SNAP, are increasing.

Food Insecurity
Those facing the threat of hunger in the past 12 months, since 2017.

Supplemental Nutrition Assistance Program (SNAP)
Those living in poverty who participate in SNAP, since 2015.

Food insecurity is defined as the percentage of adults aged 60 and older who faced the threat of hunger in the past 12 months.
Mental Health Among Challenges Facing Seniors

While the use of key support services for seniors is increasing, the 65 and older population still faces notable challenges to their health and well-being.

The percentage of seniors reporting a health professional has told them they have depression increased 19 percent in the past year alone, with significant increases in 11 states. States with a high prevalence of depression tend to have a high percentile risk of social isolation, and states with a low prevalence of depression tend to have a low percentile of risk of social isolation. For example, Louisiana has the highest prevalence of depression among seniors in the country (19.8 percent) and is among the five least healthy states for risk of social isolation (95th percentile). Delaware, on the other hand, is among the five healthiest states for both prevalence of depression (12.9 percent) and risk of social isolation (4th percentile).

Frequent mental distress — those reporting their mental health was not good during 14 or more of the last 30 days — also remains a challenge among seniors. Nearly 4 million seniors report frequent mental distress, impacting 7.9 percent of the senior population.

Other challenges among seniors include excessive drinking — defined as binge drinking or chronic drinking — and obesity, which continue to increase year-over-year. Excessive drinking increased 12 percent from 2016 to 2019, while obesity among seniors has increased 13 percent over the past six years.

This year, a new clinical care supplemental measure was included to address affordability of health care services and unmet medical needs among seniors because of cost. Avoided care due to cost is the percentage of adults aged 65 and older who reported that there was a time in the past 12 months when they needed to see a doctor but could not due to cost. Nationally, 5.2 percent of seniors report not seeing a doctor in the past year due to cost, representing an estimated 2.7 million adults aged 65 and older.

Depression

- The Centers for Disease Control and Prevention reports that depression among older adults may go undiagnosed for example, seniors may assume depression and depressive symptoms are an inevitable part of aging.
- Serious consequences can result from unrecognized or untreated depression, including decreased physical, cognitive and social functioning.
Notable Gender Disparities for Senior Health

Behaviors, cultural norms, social and economic conditions all influence the overall health and well-being of seniors and can impact seniors differently based on gender. This year’s Senior Report sheds light on national- and state-level gender disparities related to mental health and unhealthy behaviors. Better understanding these disparities may help policy-makers and community leaders tailor programs that help address health challenges among seniors.

Regarding senior mental health, frequent mental distress and depression are both higher among females than males. Suicide is more than six times more prevalent among males. According to the Centers for Disease Control and Prevention, non-Hispanic white males aged 85 and older have the highest suicide rate of any group in the nation.

Female seniors report a higher rate of physical inactivity than male seniors. Male seniors have higher rates of smoking and excessive drinking than female seniors. Notably, the number and percentage of seniors who report either binge drinking or chronic drinking is increasing among both females and males, with more than 3.5 million seniors reporting binge or chronic drinking.

MENTAL HEALTH

Mental health disparities between women and men.

Frequent Mental Distress
Report their mental health was not good during 14 or more of the last 30 days.

Percentage of adults aged 65+, in 2019

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Depression
Depressive disorders diagnosed by a health professional.

Percentage of adults aged 65+, in 2019

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Suicide
Deaths due to intentional self-harm.

Deaths per 100,000 aged 65+, in 2019

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Changes in the Health of Younger Seniors

A then-and-now comparison leveraging data from 2002 and 2017 was performed to provide insights into how the health of younger seniors (aged 65-74) has changed over the last 15 years. Younger seniors now represent 9.1 percent of the U.S. population, compared with 6.4 percent of the U.S. population in 2002. Diversity has also increased over the past 15 years among this population as the proportion of Hispanic and black young seniors has increased 34 percent and 7 percent, respectively.

Comparing 2017 with 2002 shows that among younger seniors today:

- Excessive drinking is 42 percent higher;
- Obesity is 36 percent higher;
- Diabetes is 36 percent higher; and,
- Death by suicide is 16 percent higher.

However, some measures are less problematic compared to 15 years ago. The analysis found that for younger seniors today:

- Death rate among seniors aged 65-74 is 22 percent lower;
- Smoking is 16 percent lower; and,
- Reporting very good or excellent health is 11 percent higher.

BEHAVIORS & OUTCOMES

Although more younger seniors (aged 65 to 74) report a high health status, the rate of certain unhealthy behaviors and outcomes is increasing.

Percent increase between 2002 and 2017

- Excessive Drinking: 42%
- Obesity: 36%
- Diabetes: 36%
- Suicide: 16%
- Self-Reported High Health Status: 11%
The Healthiest States for Seniors

Hawaii remains the healthiest state for seniors in 2019, followed by Utah (No. 2), Connecticut (No. 3), Minnesota (No. 4) and Colorado (No. 5).

Mississippi is the state with the most challenges for seniors in 2019, followed by Kentucky (No. 49), Louisiana (No. 48), Oklahoma (No. 47) and West Virginia (No. 46).

Since the first Senior Report was released in 2013, Rhode Island has made the greatest progress, improving 23 places from No. 30 to No. 7. Rhode Island is followed by Wisconsin (No. 10), which improved nine places, then California (No. 17) and Montana (No. 27), which both improved eight places during this time. Kansas and Nebraska have experienced the greatest declines since 2013, falling 10 places from No. 18 to No. 28 and No. 13 to No. 23, respectively. North Carolina (No. 37) and Iowa (No. 13) have also had notable ranking changes, declining nine and eight places, respectively.

States with the greatest improvement and decline in overall health ranking since 2013.

3 Overall state rankings from 2013 to 2018 have been recalculated and updated to account for changes in data availability and recalculation of arthritis management in editions 2013 to 2017. Please refer to the website for revised rankings.
Building Healthier Communities for America’s Seniors

This year’s Senior Report recognizes the achievements of policy-makers and public health advocates who have long promoted the use of support services to empower seniors to remain in their homes and communities. Yet, the overall findings remind us that mental health challenges and affordability of doctor’s visits continue to put a strain on the senior population.

As America’s Health Rankings celebrates the 30th anniversary of checking the pulse of our nation’s health, the United Health Foundation remains committed to building healthier communities for all Americans. That commitment is reflected in grants and initiatives across the country, but also by new and innovative tools available to those advocating for improvements.

New web features from America’s Health Rankings, including “Adjust My Rank”, www.AmericasHealthRankings.org/Adjust-My-Rank and an interactive Senior Report Compare My State tool, allowing users to understand how improvements or declines in various measures can impact a state’s overall senior health and ranking, along with greater insights into disparities within states. The United Health Foundation encourages policy-makers, public health officials and community leaders to use this report, new web tools and the entire suite of America’s Health Rankings data to better understand and improve the health of America’s seniors.

Compare My State tool at www.AmericasHealthRankings.org
EXECUTIVE HIGHLIGHTS

UNITED HEALTH FOUNDATION

About United Health Foundation

Through collaboration with community partners, grants and outreach efforts, the United Health Foundation works to improve our health system, build a diverse and dynamic health workforce and enhance the well-being of local communities. The United Health Foundation was established by UnitedHealth Group (NYSE: UNH) in 1999 as a not-for-profit, private foundation dedicated to improving health and health care. To date, the United Health Foundation has committed $430 million to programs and communities around the world. We invite you to learn more at www.unitedhealthgroup.com/SocialResponsibility.

About the Gerontological Advanced Practice Nurses Association (GAPNA)

GAPNA is the premier professional organization that represents the interests of advanced practice nurses who care for older adults. Advanced practice nurses are active in a variety of settings across the health care continuum including primary, acute, post-acute care, home care, and long-term care. GAPNA provides opportunities for education, leadership, research, advocacy, networking, and advancement of evidence-based care for older adults. To learn more, visit our website at www.GAPNA.org.
For more information, contact:
L.D. Platt — United Health Foundation
(202) 654-8830
ld_platt@uhg.com

www.AmericasHealthRankings.org