

SENIOR REPORT

EXECUTIVE SUMMARY

MAY 2016

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EXECUTIVE SUMMARY

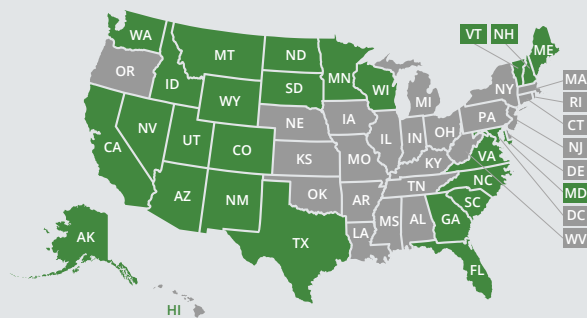
OVERVIEW

The 2016 *America's Health Rankings® Senior Report* provides a comprehensive analysis of senior population health on a national and state-by-state basis across 35 measures of senior health. Now in its fourth year, it continues to serve as a resource for individuals, community leaders, policymakers, public health officials, and the media to benchmark each state's performance on key measures of health and wellness for the senior population.

Major Projected Population Growth, Coupled with Anticipated Higher Rates of Obesity and Diabetes among Today's Middle-Aged Population Threatens to Place Future Strain on the Health Care System

Building on the traditional state rankings, this year the report took an in-depth look at today's middle-aged population who will age into senior status (65+) over the next 14 years and examined how the challenges of that generation will impact the senior population. The analysis compared health measures for the middle-aged population (aged 50-64) in 1999 to the same measures for the middle-aged population as of 2014.

Growth in the senior population will vary among states, from a low of 33.4% in New York to a high of 85.1% in Alaska by 2030. Twenty-five states are projected to see increases greater than 50% in their senior population by 2030.¹



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25 STATES WILL FACE A ▲ **50%**
OR MORE **INCREASE** IN THEIR
SENIOR-AGED POPULATION BY 2030

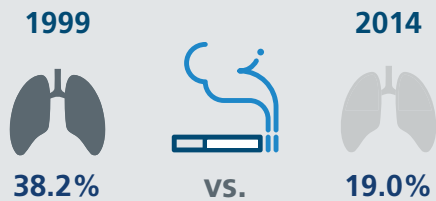
¹The 2015 MSA Profile. Woods & Poole Economics, Inc. Washington, DC

Overall, today's middle-aged population smokes less, but will be entering their senior years with higher rates of obesity and diabetes and lower rates of high health status, putting significant strain on the health care system. Compared to the current senior population when they were middle-aged, the next wave of seniors:

- Smokes 50% less;
- Has a 55% higher prevalence of diabetes;
- Has a 25% higher prevalence of obesity; and
- Has a 9% lower prevalence of very good or excellent health status.

Smoking

THE PREVALENCE OF SMOKING DECREASED BY **50.3%**



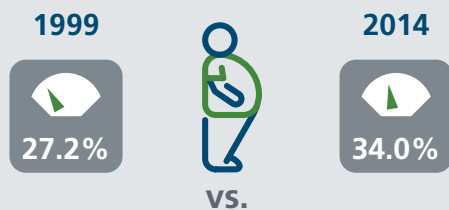
Diabetes

THE PREVALENCE OF DIABETES INCREASED BY **54.8%**



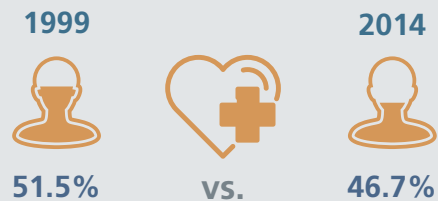
Obesity

THE PREVALENCE OF OBESITY INCREASED BY **24.9%**



High Health Status

THE PERCENTAGE OF MIDDLE-AGED ADULTS REPORTING VERY GOOD OR EXCELLENT HEALTH HAS DECREASED BY **9.4%**



Six states are poised to face a 50% or greater increase in the number of seniors by 2030, coupled with an 80% or greater increase in the prevalence of diabetes versus the current population of seniors when they were middle-aged. Among these states, Colorado will experience a 138% increase in the prevalence of diabetes in its senior population by 2030. While Colorado's baseline diabetes prevalence was lower than the national average, the triple-digit increase over 14 years is nonetheless startling.

Growing obesity rates will also pose a challenge to states – with 11 states poised to face a 50% or greater increase in the number of seniors by 2030, coupled with a 20% or greater increase in the prevalence of obesity versus the current population of seniors when they were middle-aged. The prevalence of obesity among current middle-aged individuals in Arizona is 96% higher than when the current population of seniors was middle-aged – the most dramatic increase of any state.

These higher rates of diabetes and obesity are expected to put significant strains on the Medicare program and the overall health care system. For example, today one out of every three Medicare dollars is spent on diabetes-related care, and research indicates that between 2009 and 2034, Medicare spending on diabetes is projected to rise from \$45 billion to \$171 billion.^{2,3} Diabetes is also associated with potentially serious complications that contribute to additional use of health resources and poor health status for the nation's seniors. Hospitalizations, heart attacks, kidney failure, and hearing loss are all more common in seniors with diabetes.⁴

Similarly, higher rates of obesity also likely signal higher rates of future spending and poor health. Of total annual Medicare spending, 8.5% is associated with obesity-related care and Medicare spends 36% more per beneficiary on obese seniors compared to those at a healthy weight.⁵ Complications associated with obesity leading to poor health include diabetes, heart disease, high blood pressure, and other chronic conditions.⁶

Today's middle-aged population may also be unprepared for the financial impact of declining health status. Recent research has found that out-of-pocket health care costs for individuals younger than age 65 with diabetes are 2.5 times higher than for individuals without diabetes.⁷ Further, a recent Government Accountability Office study found that among households aged 55 and older, 29% have no retirement savings or defined benefit savings plan. While middle-aged Americans plan to retire later or continue working during retirement at a higher rate than current seniors to close the gap in savings, chronic diseases could challenge these plans.⁸

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¹ The 2015 MSA Profile. Woods & Poole Economics, Inc. Washington, DC.

² Huang ES, Basu A, O'Grady M, Capretta JC. Projecting the future diabetes population size and related costs for the US. *Diabetes Care* 2009; 32(12): 2225–2229.

³ *Medicare Health Support Overview*. Washington, DC: Centers for Medicare & Medicaid Services; 2011.

⁴ *Fast Facts: Data And Statistics about Diabetes*. American Diabetes Association; 2015.

⁵ Finkelstein EA, Trogon JG, Cohen JW, Dietz W. Annual medical spending attributable to obesity: payer- and service-specific estimates. *Health Affairs*. 2009; 28(5).

⁶ Hall JE, Carmo JMD, Silva AAD, Wang Z, Hall ME. Obesity-induced hypertension: Interaction of neurohumoral and renal mechanisms. *Circulation Research*. 2015; 116(6): 991–1006.

⁷ *Per Capita Health Care Spending On Diabetes: 2009-2013*. Washington, DC: Health Care Cost Institute; 2015.

⁸ *Most Households Approaching Retirement Have Low Savings*. Washington, DC: United States Government Accountability Office; 2015.

SUCCESSSES AND CHALLENGES IN SENIOR HEALTH

Each year *America's Health Rankings® Senior Report* enumerates the strengths, challenges, and highlights of every state to support communities across the nation in taking data-driven action to improve health. It also compares this year's key indicators to past performance, revealing where the nation as a whole has improved and in which areas it continues to struggle.

National successes over the past year include a 9% decrease in preventable hospitalizations and an 8% decrease in the prevalence of full-mouth teeth extractions. Hip fractures decreased 5% from 6.2 to 5.9 hospitalizations per 1,000 Medicare beneficiaries.

Looking at a longer time frame, successes over the past three years include:

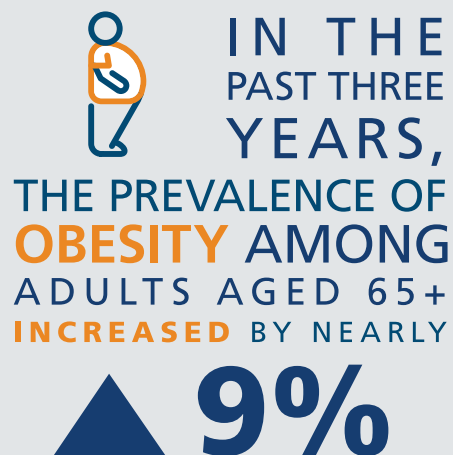
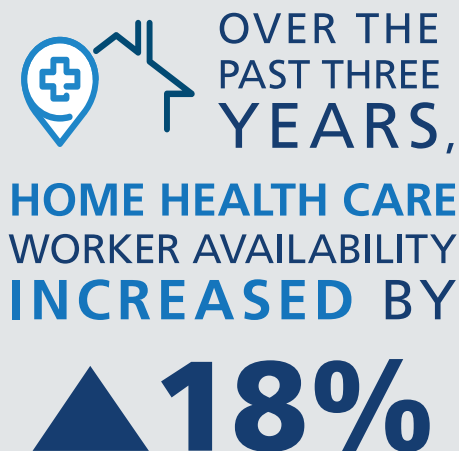
- 18% increase in the availability of home health care workers,
- 40% increase in hospice care use, and
- 29% decrease in hospital deaths.

Health status has also improved during this time frame, with 7% more seniors reporting very good or excellent health compared to three years ago.

While these data are encouraging, challenges for senior health remain. Specifically, over the past year the nation has witnessed:

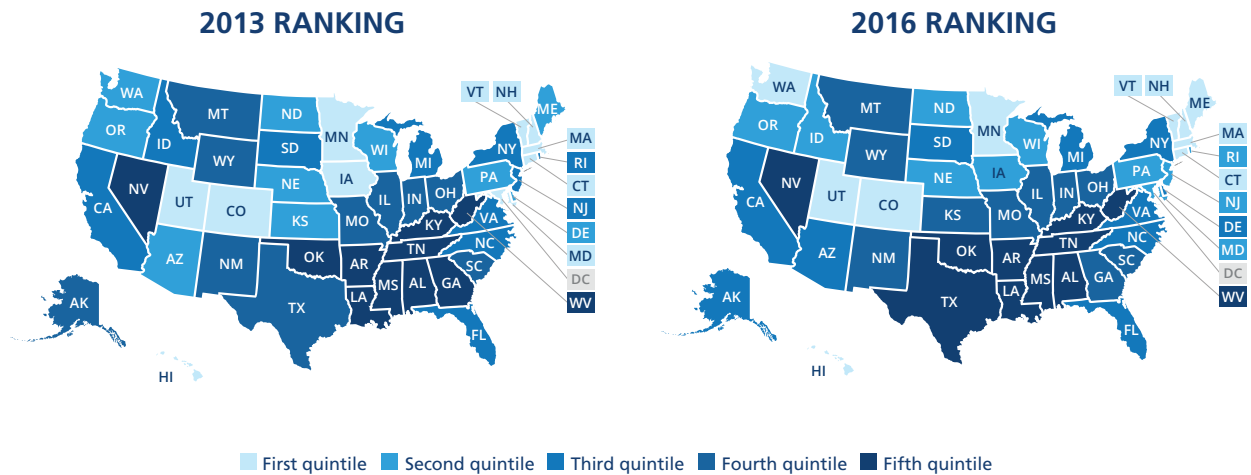
- 7% decrease in community expenditures given to seniors living in poverty,
- 7% decrease in home-delivered meals,
- 5% increase in food insecurity, and
- 10% decrease in the reach of Supplemental Nutrition Assistance Program (SNAP).

Over the past three years, obesity among seniors has increased 9%, which is higher than the increase in the general population of 6%.



RANKINGS REVEAL HEALTHIEST STATES & STATES WITH GREATEST OPPORTUNITIES FOR IMPROVEMENT

Massachusetts tops the list of healthiest states for older adults, rising from sixth place last year. The state saw success in reducing physical inactivity by 12% and smoking by 20%, but also saw a decrease of 13% in flu vaccination coverage. Rounding out the healthiest states for seniors are Vermont (2), New Hampshire (3), Minnesota (4), Hawaii (5), and Utah (6).



Louisiana ranked as the least healthy state for seniors again this year, as it continues to struggle with a high prevalence of smoking, obesity, and physical inactivity. The state does receive strong marks in flu vaccination coverage, low prevalence of falls, and the availability of home health care workers. Compared to last year, seniors in the state have had 12% more annual dental visits and 29% fewer full-mouth teeth extractions. Oklahoma (49), Mississippi (48), Arkansas (47) and West Virginia (46) round out the states with the greatest challenges for senior health.

Several states also saw significant improvements over the last three years. Rhode Island jumped from 30th to 11th in the rankings, with key improvements including a 24% decrease in preventable hospitalizations, 23% decrease in smoking, and 18% increase in seniors reporting very good or excellent health status. Alaska improved from 39th to 21st with a 27% decrease in hip fractures and 16% reduction in poverty contributing to the improved ranking. Finally, New Jersey jumped 12 places from 28th to 16th – due in part to a 19% decrease in hip fractures and 10% increase in volunteerism. All three states made strides to decrease food insecurity and hospital deaths over the past three years.

SUPPORTING PUBLIC HEALTH EFFORTS FOR SENIORS TODAY & TOMORROW

Seniors have a significant impact on the US health care system and understanding their health, as well as the health of the next wave of seniors, helps improve the country's public health efforts. With this report, United Health Foundation seeks to increase understanding of the challenges and opportunities related to the current and future state of health of older Americans, all while supporting communities, governments, stakeholders and individuals to take action to improve senior health.



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