Using Data for Action:
The State of Aging and Health in America 2013

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• Provides a snapshot of our nation’s progress in promoting prevention, improving the health and well-being of older adults, and reducing behaviors that contribute to premature death and disability.

• Highlights mobility (referring to movement in all of its forms) and how optimal mobility is fundamental to healthy aging.
Past Reports and Web sites

The State of Aging and Health in America Report

The State of Aging and Health in America report assesses the health status and health behaviors of U.S. adults aged 65 years and older and makes recommendations to improve the mental and physical health of all Americans in their later years. The report includes national- and state-based report cards that examine 16 key indicators of older adult health. Calls to Action which recommend strategies to improve the health and quality of life of older adults, and state examples that highlight innovative healthy aging efforts at the state and community level.

You may download the complete hard copy reports from 2004 [PDF - 1.1 MB], and 2007 [PDF - 1.5 MB] here.

View by Region, State, or MMSA

View by Indicator

Health Status
- Physically Unhealthy Days
- Frequent Mental Distress
- Oral Health: Complete Tooth Loss
- Disability

Health Behaviors
- No Leisure-Time Physical Activity
- Eating 5 Fruits and Vegetables Daily
- Sleep
- Current Smoking

Preventive Care and Screening
- Flu Vaccine in Past Year
- Ever Had Preventive Visit
- Mammogram Within Past 2 Years
- Colorectal Cancer Screening
- Up-to-date on Select Preventive Services — Women
- Up-to-date on Select Preventive Services — Men
- Cholesterol Checked in Past 5 Years

Injuries
- Hip Fracture Hospitalizations — Men
- Hip Fracture Hospitalizations — Women
Data as the Foundation

What gets measured,
gets done!
Report Components

• Introduction to the Health of Older Americans
  • Demographics
  • Burden of chronic disease
  • New directions for public health in aging
    • Binge drinking
    • Emergency Preparedness
    • Health Literacy

• Calls to Action
  • Developing a new Healthy Brain Initiative Road Map
  • Addressing Lesbian, Gay, Bisexual, and Transgender Aging and Health Issues
  • Using Physically Unhealthy Days Data to Guide Interventions
  • Addressing Mental Distress in Older Adults
  • Monitoring Vaccination Rates for Shingles
Report Components

• The National Report Card on Healthy Aging
  • National-level BRFSS data
  • Descriptions of each indicator
  • Related resources

• The State-by-State Report Card on Healthy Aging
  • 50 states and DC
  • Select MMSAs available in online version
### Report Components

- **Spotlight: Mobility**
  - Physical activity and the environment
  - Environmental change
  - Driving
  - Smart Growth / Complete Streets
  - Community examples

- **Appendix**
  - Healthy People 2020 Objectives
  - Technical Information
An Introduction to the Health of Older Americans

- Changing demographics
  - Roughly 10,000 people turning 65 each day for next 18 years
  - By 2030, 1 in 5 Americans will be 65+

- Burden of chronic diseases
  - Leading causes of death
  - Major contributor to health care costs
  - Diminished quality of life and loss of independence
  - Challenge of multiple chronic conditions
Multiple Chronic Conditions Among Medicare FFS Beneficiaries, 2010

Improving Health Literacy Among Older Adults

Why Does Health Literacy Matter?
Every day, people confront situations that involve life-changing decisions about their health. These decisions are made in places such as grocery and drug stores, workplaces, playgrounds, doctors' offices, clinics and hospitals, and around the kitchen table. Obtaining, communicating, processing, and understanding health information and services are essential steps in making appropriate health decisions. However, research indicates that today's health information is presented in ways that are not usable by most adults. Limited health literacy occurs when people cannot find and use the health information and services they need.

- Nearly 9 of 10 adults have trouble using the everyday health information that is routinely available in our health care facilities, retail outlets, media, and communities.22
- Among adult age groups, those aged 65 or older have the smallest percentage of people with proficient health literacy skills and the largest percentage with "below basic" health literacy skills.22
- Without clear information and an understanding of the information's importance, people are more likely to skip necessary medical tests, end up in the emergency room more often, and have a harder time managing chronic diseases such as diabetes or high blood pressure.20

What Is Health Literacy?
Health literacy was defined by Healthy People 2010 as, "the degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions."21 Healthy People 2020 is tracking health literacy improvement, which is defined as how many health care providers make sure their instructions are easy for patients to understand.

How Can We Improve Health Literacy?
Recent federal policy initiatives have brought health literacy to a tipping point.26 We are also more aware that the skills of individual patients are not the only important part of health literacy. This concept includes what health systems and professionals do to make health information and services understandable for everyone, regardless of their literacy skills.26 We can do much better in designing and presenting health information and services that people can use effectively. We can build our own health literacy skills and help others—such as community members, health professionals, and anyone who communicates about health—build their skills. Every organization involved in health information and
Report Indicators

Health Status
• Physically unhealthy days
• Frequent mental distress
• Oral health: tooth retention
• Disability

Health Behaviors
• No leisure-time physical activity
• Eating ≥2 fruits and ≥3 vegetables daily
• Obesity
• Current smoking
• Taking medication for high blood pressure

Preventive Care and Screening
• Flu vaccine in past year
• Ever had pneumonia vaccine
• Mammogram in past 2 years
• Colorectal cancer screening
• Up-to-Date on Select Preventive Services (men and women)

Injury
• Fall with Injury within the past year
View All Indicators For One Location

View data indicators for the U.S., a region, a state, or a metropolitan/micropolitan statistical area (MMSA). To view United States data, click the View U.S. Data link. To choose a specific location, make a selection in the dropdown menu or click a location on the map.

View U.S. Data | Select Location: U.S., Region, State or MMSA

View One Indicator For All Locations

View indicators for all locations available. To choose an indicator, first select an Indicator Category, then select an Indicator.

Select Indicator Category
Select Indicator

Create Custom Report

Generate a report that contains the indicators, locations and age groups of your choice.

Healthy Aging Data Portfolio includes data from the following publications:

- State of Aging and Health in America (SAHA)
- State of Mental Health and Aging in America (MAHA)
- Promoting Preventive Services Report (PPS)
- Enhancing Use of Clinical Preventive Services Among Older Adults (CPS)

Related Resources
### Related Links

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### Binge Drinking

- AARP, Alcohol Use
- CDC, Alcohol and Public Health
- Healthfinder.gov, Alcohol Use
- NIH, National Institute on Alcohol Abuse and Alcoholism
- Task Force on Community Preventive Services, Guide to Community Preventive Services: Preventing Excessive Alcohol Use
Selected Calls to Action

Call to Action

Using Data on Physically Unhealthy Days to Guide Interventions

Older adults report many more physically unhealthy days than younger adults. Physically unhealthy days are from pain, discomfort, and impairments associated with medical diseases and conditions that increase with age—such as arthritis, back and neck problems, cardiovascular disease, and cancer. Older adults who meet physical activity guidelines are less likely to experience frequent physical distress, which is defined as 14 or more physically unhealthy days.

By monitoring physically unhealthy days regularly, we can identify whether older adults are declining in physical functioning. This information can be used to develop and implement effective community interventions for older adults with arthritis. Proven programs include Project EnhanceFitness (www.projectenhance.org), an exercise program that can help people who are sedentary become active; and Walk with Ease (www.arthritis.org/walkwith-ease.php), a group walking program that can improve health outcomes and confidence in managing symptoms and being physically active.

In addition, Active Living Every Day (ALED) (www.activeliving.info) is a group-based program developed to help people who are sedentary become and stay physically active. Programs such as these may help older adults maintain or improve their physical health status. For a description of system-based interventions, please see the “Spotlight” section of this report (page 35).

Call to Action

Addressing Mental Distress in Older Adults

Some aspects of mental health improve with age. But many older adults still suffer with mental distress associated with limitations in daily activities, physical impairments, grief, loneliness, and fear of losing loved ones. Even those who are 65 years or older have some type of mental health problem, such as a mood disorder not associated with normal aging. Although social ties are one of the strongest predictors of well-being, about 12% of adults aged 65 or older report that they “rarely” or “never” receive the social and emotional support they need. Mental distress is a problem by itself, and it has been associated with unhealthy behaviors than can interfere with self-management and inhibit recovery from an illness. For example, older adults with frequent mental distress are less likely than those without frequent mental distress to be nonsmokers, to eat at least five fruits or vegetables daily, and to participate in moderate-to-vigorous physical activity during the average week.

Health care providers and other service providers who have contact with older adults can help identify those with mental distress by regularly asking them if they have any stress, depression, or problems with their emotions. Health care providers can also help older adults recognize unusual increases in stress or sadness and help them understand that these symptoms may not be simply a “normal part of aging.”

On a population level, self-reports of mental distress should be monitored as an indicator of mental health problems among older populations. Evidence-based programs are available to help improve mental health among older adults. One example is IMPACT, a collaborative care program for older adults with major depression or dysthymia disorder. IMPACT resulted in at least a 50% reduction in depressive symptoms, less functional impairment, and better quality of life in older adults who participated in the program.

Another intervention program, PEARLS, targets older adults with mild depression or dysthymia who are receiving social services from community agencies. PEARLS participants were three times more likely than those receiving usual care to report a significant reduction in their symptoms (43% vs. 15%) or complete elimination of their depression (30% vs. 12%). Participants also reported greater health-related quality of life improvements in functional and emotional well-being. Interventions such as these, as well as programs delivered by local area agencies that increase social support, may be effective in reducing symptoms of frequent mental distress in older adults.
Mobility Impairment Increases Risk of Illness

Mobility—the ability to move around effectively and safely in the environment—is fundamental to health and well-being of older adults. Mobility has also been defined as "movement in all of its forms—transferring from a bed to a chair, walking for leisure and the completion of daily tasks, engaging in other activities associated with work and play, exercising, driving a car, and using forms of passenger transport." For older adults, the effects of chronic conditions and genetic syndromes can cause limitations in mobility (impaired mobility) that can lead to dependence in activities of daily living and other outcomes. Impaired mobility is associated with several health problems, including depression, cardiovascular disease, cancer, and injuries secondary to falls and automobile crashes. These factors and injuries can lead to an increased risk of death. Impaired mobility can also reduce a person's goods and services and limit contact with friends and relatives.

Mobility restrictions have consequences for the health and well-being of older adults, which often result in a cascade effect of continuing deterioration.

—CDC's Healthy Aging Research Network

Regional Collaboration Makes for Lifelong Communities

The Atlanta Regional Commission (ARC) Area Agency on Aging’s (AAA) Lifelong Communities initiative illustrates the importance of collaboration to support healthy aging.

In 2007, the ARC and the Carl Vinson Institute of the University of Georgia published a report called Older Adults in the Atlanta Region: Preferences, Practices, and Potential of the 55+ Population. This report found that most older adults in the study area have been "aging in place" and living in the region an average of 37 years and that most hope to continue to age in place. The majority of people surveyed (64%) also stated that they would live in their current home as long as they could. For these older adults to attain this goal of not only aging, but also living in place, they will need communities that support mobility on every level, from walking to public transportation.

In response to the evidence of a growing need for supportive communities that enhance mobility, and recognizing that providing services alone cannot meet the needs of an aging population, the ARC created a broad plan to transform neighborhoods, cities, and counties into places where people of all ages can live throughout their lifetime. The ARC AAA developed the Lifelong Communities (LCC) initiative to set three new objectives for transportation options, encourage healthy aging, and each contributes to older adults’ need for mobility.

Stepping Up to a More Walkable Hendersonville

All residents should be able to walk safely in their communities, whether for physical activity, enjoyment, or simply to get where they want to go. For older adults, being able to walk not only promotes physical and mental well-being, but also helps them stay more connected to their communities. Any actions taken to improve pedestrian safety for this group will automatically benefit all residents.

Taking Action

To address this public health concern, community leaders in Hendersonville, North Carolina, came together to implement a pilot program called Walk Wise, Drive Smart. The goal of the program is to make neighborhoods in Hendersonville and surrounding areas more pedestrian-friendly for older adults. Hendersonville is an ideal testing ground for this program because more than 30% of residents are aged 65 years or older. Walk Wise, Drive Smart is supported in part by the Healthy Aging Research Network (HANG), which is funded by the Healthy Aging Program and is part of a network of Prevention Research Centers that works with community partners across the country. The program is led by the University of North Carolina Highway Safety Research Center, the City of Hendersonville, and the Council on Aging for Henderson County.

These organizations have a well-established partnership that includes more than 75 other organizations, such...
Percentage of Medicare enrollees aged 65+ who are unable to perform certain physical functions, 2010

# Behavioral, Social, and Environmental Approaches to Promoting Physical Activity

## Adapted from:
The Guide to Community Preventive Services
www.thecommunityguide.org

<table>
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<tr>
<th>Approach</th>
<th>Recommended Strategies</th>
<th>Description of Strategies</th>
</tr>
</thead>
<tbody>
<tr>
<td>Behavioral and Social Approaches</td>
<td>Individually adapted health behavior change programs.</td>
<td>Individually adapted health behavior change programs seek to increase physical activity by teaching people how to incorporate physical activity into their daily routines. Programs are tailored to each individual's specific interests, preferences, and readiness for change.</td>
</tr>
<tr>
<td>Social interventions in community settings</td>
<td>Social support interventions seek to change physical activity</td>
<td></td>
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<table>
<thead>
<tr>
<th>Approach</th>
<th>Recommended Strategies</th>
<th>Description of Strategies</th>
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</thead>
</table>
| Environmental Approaches         | Community-scale and urban design land-use policies          | Environmental approaches are designed to provide opportunities, support, and cues to help people be more physically active. They may involve:  
  - The physical environment.  
  - Social networks.  
  - Organizational norms and policies.  
  - Laws.  
  Source: www.thecommunityguide.org/pa/environmental-policy/communitypolicies.html |
| Creation of or improved access to places for physical activity | Creation of or improving access to places for physical activity involves the efforts of employers, coalitions, agencies, and communities as they attempt to change the local environment to create opportunities for physical activity. Such changes include creating walking trails, building exercise facilities, or providing access to existing nearby facilities.  
  Source: www.thecommunityguide.org/pa/environmental-policy/communitypolicies.html |
| Street-scale urban design land-use policies | Street-scale urban design and land-use policies involve the efforts of urban planners, architects, engineers, developers, and public health professionals to change the physical environment of small geographic areas, generally limited to a few blocks, in ways that support physical activity.  
  Source: www.thecommunityguide.org/pa/environmental-policy/streetscale.html |
Monitoring State and Community Environmental Policies

CDC's Division of Nutrition, Physical Activity, and Obesity has a policy monitoring system accessible through an online database that allows users to search for state-level legislation and regulations related to obesity, physical activity, and nutrition. Topics such as access to healthy foods, farmers' markets, fruits and vegetables, active transit, parks and recreation, transportation, pedestrians, and walking in community and medical settings can be researched to track policies over time, as well as best practices. [http://apps.nccd.cdc.gov/DNPAOLeg](http://apps.nccd.cdc.gov/DNPAOLeg).

How Much Activity Do Older Adults Need?

2 hours and 30 minutes (150 minutes) of moderate-intensity aerobic activity (i.e., brisk walking) every week and muscle-strengthening activities on 2 or more days a week that work all major muscle groups (legs, hips, back, abdomen, chest, shoulders, and arms).

**OR**

1 hour and 15 minutes (75 minutes) of vigorous-intensity aerobic activity (i.e., jogging or running) every week and muscle-strengthening activities on 2 or more days a week that work all major muscle groups (legs, hips, back, abdomen, chest, shoulders, and arms).

**OR**

An equivalent mix of moderate- and vigorous-intensity aerobic activity and muscle-strengthening activities on 2 or more days a week that work all major muscle groups (legs, hips, back, abdomen, chest, shoulders, and arms).

Source: CDC, Division of Nutrition, Physical Activity and Obesity, National Center for Chronic Disease Prevention and Health Promotion, 2011. [www.cdc.gov/physicalactivity/everyone/guidelines/olderadults.html](http://www.cdc.gov/physicalactivity/everyone/guidelines/olderadults.html).
<table>
<thead>
<tr>
<th>Indicator</th>
<th>Healthy People 2020 Target</th>
</tr>
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<tr>
<td><strong>Health Status</strong></td>
<td></td>
</tr>
<tr>
<td>1. Physically unhealthy days</td>
<td>No target specified.</td>
</tr>
<tr>
<td>2. Frequent mental distress</td>
<td>No target specified.</td>
</tr>
<tr>
<td>4. Disability (%)</td>
<td>No target specified.</td>
</tr>
<tr>
<td><strong>Health Behaviors</strong></td>
<td></td>
</tr>
<tr>
<td>5. No leisure-time physical activity</td>
<td>No more than 32.6% of adults aged 18 or older with no leisure-time physical activity.</td>
</tr>
<tr>
<td>6. Eating fruits and vegetables daily:</td>
<td>Healthy People 2020 tracks the overall increase in fruit and vegetable consumption,</td>
</tr>
<tr>
<td>Eating ≥2 fruits daily (%)</td>
<td>rather than separating it into two components.</td>
</tr>
<tr>
<td>Eating ≥3 vegetables daily (%)</td>
<td>Healthy People 2020 tracks the overall increase in fruit and vegetable consumption,</td>
</tr>
<tr>
<td></td>
<td>rather than separating it into two components.</td>
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<tr>
<td>7. Obesity (%)</td>
<td>No more than 30.6% of adults aged 20 or older who are obese.</td>
</tr>
<tr>
<td>8. Current smoking (%)</td>
<td>No more than 12% of adults aged 18 or older who smoke.</td>
</tr>
<tr>
<td>9. Taking medication for high blood pressure</td>
<td>At least 77.4% of adults aged 18 or older with high blood pressure/hypertension</td>
</tr>
<tr>
<td></td>
<td>taking the prescribed medications to lower their blood pressure.</td>
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<tr>
<td><strong>Preventive Care and Screening</strong></td>
<td></td>
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<tr>
<td>10. Flu vaccine in past year (%)</td>
<td>At least 90% of adults received the flu vaccine in the past year.</td>
</tr>
<tr>
<td>11. Ever had pneumonia vaccine (%)</td>
<td>At least 60% of adults received the pneumonia vaccine.</td>
</tr>
<tr>
<td>12. Mammogram within past 2 years (%)</td>
<td>At least 81.1% of women have received a mammogram within the past 2 years.</td>
</tr>
<tr>
<td>13. Colorectal cancer screening (%)</td>
<td>At least 70.5% of adults tested for colorectal cancer within the past 10 years.</td>
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<tr>
<td>14. Up-to-date on select preventive services</td>
<td>At least 50.99% of men and women were up-to-date on a core set of clinical preventive</td>
</tr>
<tr>
<td>(Men/ Women)</td>
<td>services in the past year, ever had these services and are up-to-date in the past year.</td>
</tr>
<tr>
<td>15. Fall with Injury within past year (%)</td>
<td>No target specified.</td>
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### New Older Adult Objectives

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<th>Objective</th>
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<td>OA-1</td>
<td>Increase the proportion of older adults who use the Welcome to Medicare benefit.</td>
</tr>
<tr>
<td>OA-2</td>
<td>Increase the proportion of older adults who are up-to-date on a core set of clinical preventive services.</td>
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<tr>
<td>OA-3</td>
<td>Increase the proportion of older adults with one or more chronic health conditions, and report confidence in managing their conditions.</td>
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<tr>
<td>OA-4</td>
<td>Increase the proportion of older adults who receive Diabetes Self-Management Benefits.</td>
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<tr>
<td>OA-5</td>
<td>Reduce the proportion of older adults who have moderate to severe functional limitations.</td>
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<tr>
<td>OA-6</td>
<td>Increase the proportion of older adults with reduced physical or cognitive function who engage in moderate or vigorous leisure-time physical activities.</td>
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<td>OA-7</td>
<td>Increase the proportion of the health care workforce with geriatric certification.</td>
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<tr>
<td>OA-8</td>
<td>Reduce the proportion of noninstitutionalized older adults with disabilities with unmet need for long-term services and supports.</td>
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<tr>
<td>OA-9</td>
<td>Reduce the proportion of unpaid caregivers of older adults who report an unmet need for caregiver support services.</td>
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<td>OA-10</td>
<td>Reduce the rate of pressure ulcer-related hospitalizations among older adults.</td>
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<tr>
<td>OA-11</td>
<td>Reduce the rate of emergency department visits caused by falls among older adults.</td>
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<tr>
<td>OA-12</td>
<td>Increase the number of states, the District of Columbia, and tribes that collect and make publically available information on the characteristics of victims, perpetrators, and cases of elder abuse, neglect, and exploitation.</td>
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www.cdc.gov/aging