Elderly Health

Table of Contents

Agencies and Information Sources

Santa Cruz County (SCC) Health Services Agency - http://www.santacruzhealth.org/
The Health Services Agency (HSA) exists to protect and improve the health of the people in Santa Cruz County. The Agency provides programs in Environmental Health, Public Health, Medical Care, Substance Abuse Prevention and Treatment, and Mental Health.

California Department of Health Services - http://www.dhs.ca.gov/default.htm
To Protect and Improve the Health of All Californians

California Health Interview Survey - http://www.chis.ucla.edu/index.html
The California Health Interview Survey (CHIS) is the largest state health survey conducted in the United States. Every two years, CHIS plans to collect information on the health and health care needs of California's diverse population.

California Association for Adult Day Services- http://www.caads.org/index.html
For SCC data see: http://www.caads.org/pdf/ltcdata/Santa%20Cruz.pdf

Centers for Disease Control and Prevention- http://www.cdc.gov/default.htm
CDC's Mission is to promote health and quality of life by preventing and controlling disease, injury, and disability.

Agencies and Information Sources (continued)

US Census Bureau- Aging Population News Releases
See: http://www.census.gov/Press-Release/www/aging.html

Santa Cruz County Network of Care - http://santacruz.networkofcare.org/aging/
Network of Care was created with a California Department of Aging innovation grant. The project is part of a broad effort by our county to improve and better coordinate long-term care services locally. This comprehensive, Internet-based resource is for the elderly and people with disabilities, as well as their caregivers and service providers

Overall

The following information is adapted from the original document **Older Americans 2000: Key Indicators of Well-Being (OA).** Other sources of information include the U.S. Bureau of the Census (US Census) 2000, The United Way's Community Assessment Project Year 8, 2002 (CAP), and the California Health Interview Survey (CHIS) year 2001.

The different agencies have on occasion utilized different data sources and different years for their numbers and projections and on several occasions their columns do not add and therefore the symbol "~" is utilized throughout the chapter. In some indicators a further breakdown by sex could be done. CAP, in addition to its own contracted surveys, utilizes the US Bureau of the Census and the California Department of Finance and Department of Health Services for data sources.

(All figures are for U.S.)
Leading Cause of Death for 65 and over: **Heart Disease 593,707 (2000)**
Life Expectancy at Age 65: **17.9 years (2000)**
Percent Who Say They're in Excellent or Very Good Health **38.7% (1999)**
Number of Hospital Discharges **12.3 million (2000)**
Average Length of Hospital Stay: **6.0 days (2000)**
Number Enrolled in Medicare: **39.6 million (preliminary 2000)**
Percent Limited in Activity: **34.7% (2000)**
Percent of Women Ages 65 and Up Who've Had a Recent Mammogram: **68% (2000)**
Number of Elderly Persons Residing in Nursing Homes: **1.6 million (1999)**

http://www.cdc.gov/nchs/fastats/elderly.htm

Health of Older Californians: County Data Book October 2003
Steven P. Wallace, Nadereh Pourat, Vilma Enriquez-Haass, Alek Sripipatana
This report provides detailed profiles of the health behavior, health status, preventive care, access to services, and demographics for Californians age 65 and over. It examines specific health behaviors such as smoking and drinking habits; health status in relation to heart disease, diabetes, asthma, hypertension, arthritis, skin cancer, difficulty in climbing stairs and emotional problems; preventive care such as cancer screening, bone density testing, hormone replacement therapy and influenza immunization; and access to medical, dental and prescription medication services. Using data culled from the California Health Interview Survey (CHIS) 2001 and the 2000 U.S. Census, information is presented for the state, regions, and counties for different racial/ethnic groups, women, those with low incomes, limited English proficiency, and Medi-Cal. The study is the first comprehensive evaluation of the health of California seniors that includes county-level information.

Funding for the research and the development of this report was provided by the Archstone Foundation and The California Endowment.
http://www.healthpolicy.ucla.edu/pubs/publication.asp?pubID=77

Population

Indicator 1 – Number of Older Americans

In 2000, there are an estimated 35 million people age 65 or older in the United States, accounting for almost 13 percent of the total population. The number of older Americans has increased more than ten-fold since 1900, when there were 3 million people age 65 or older (4 percent of the total population). Despite the growth of the older population, the United States is a relatively young country when compared with other developed nations. In many industrialized countries, older persons account for 15 percent or more of the total population.
In 2011, the "baby boom" generation will begin to turn 65, and by 2030, it is projected that one in five people will be age 65 or older. The size of the older population is projected to double over the next 30 years, growing to 70 million by 2030.
As in most countries of the world, there are more older women than older men in the United States, and the proportion of the population that is female increases with age. In 2000, women are estimated to account for 58 percent of the population age 65 and older and 70 percent of the population age 85 and older.
The population age 85 and older is currently the fastest growing segment of the older population. In 2000, an estimated 2 percent of the population is age 85 and older. By 2050, the percentage in this age group is projected to increase to almost 5 percent of the U.S. population. The size of this age group is especially important for the future of our health care system, because these individuals tend to be in poorer health and require more services than the younger old. Projections by the U.S. Census Bureau suggest that the population age 85 and older could grow from about 4 million in 2000 to 19 million by 2050. Some researchers predict that death rates at older ages will decline more rapidly than reflected in the Census Bureau's projections, which could result in faster growth of this population.
Source: OA, pg. 2

According to **Population Bulletin "Elderly Americans"** by Christine L. Himes "One-quarter of all elderly Americans lives in three states: California, with 3.6 million residents age 65 or older in 2000; Florida, with 2.8 million; and New York, with 2.4 million." California's group constitute some 10.6% of the state's population.

Ca's Aging Baby Boomers: http://www.aging.state.ca.us/html/stats/oldest_old_population.html

SCC in 2002 had approximately ~ 26,000 people currently living in the county who were age 65 or older. The most common statistical base seems to be the year 2000 at which time the US Bureau of the Census estimated that there were 25,487 of these persons who comprised 10% of the then 255, 602 county residents.

County residents: ages	65-74	equal ~ 4.8%	or 12,347
	75-84	equal ~ 3.6%	9,295
	85 +	equal ~ 1.5%	3,845
	Total		25,487

Source: U.S. Bureau of the Census

Note: This total number varies in different reports and CHIS usually uses 24,000 for its base for this age group..

When one compares county census data from 1990 to 2000 there appear to be several bulges of population moving through the **SCC** data. To better prepare for the future and the demands placed upon the HSA and the Public Health Department thought should be given to preparations

for these forthcoming events and the changes in demand for services offered. CAP reports (pg. 5) that:

1990- age 45-54 pop. 22,223
2000- age 45-54 pop. 40,673 **83% increase in 10 years**

1990- age 55-59 pop. 7,556
2000- age 55-59 pop. 11,669 **54% increase in 10 years.**

1990- age 60 - 64 pop.7,562
2000- age 60 - 64 pop.7,820 3.4% increase in 10 years

1990- age 65- 74 pop. 13,913
2000- age 65- 74 pop.12,347 (**11.2%) decrease in 10 years**

1990- age 75 - 84 pop. 8,894
2000- age 75 - 84 pop. 9,295 4.5% increase in 10 years

1990- age 85+ pop. 3,059
2000- age 85+ pop. 3,845 **25.7% increase in 10 years**

Indicator 2 – Racial and Ethnic Composition

In 2000, an estimated 84 percent of people age 65 or older are non-Hispanic white, 8 percent are non-Hispanic black, 2 percent are non-Hispanic Asian and Pacific Islander, and less than 1 percent are non-Hispanic American Indian and Alaska Native. Hispanic persons are estimated to make up 6 percent of the older population. By 2050, the percentage of the older population that is non-Hispanic white is expected to decline from 84 percent to 64 percent. Hispanic persons are projected to account for 16 percent of the older population; 12 percent of the population is projected to be non-Hispanic black; and 7 percent of the population is projected to be non-Hispanic Asian and Pacific Islander.

Although the older populations will increase among all racial and ethnic groups, the Hispanic older population is projected to grow the fastest, from about 2 million in 2000 to over 13 million by 2050. In fact, by 2028, the Hispanic population age 65 and older is projected to outnumber the non-Hispanic black population in that age group

Source: OA, pg. 4

The CAP report Year 8, 2002, indicated that in July 2000 **SCC** had:

Caucasian	69.8%	or	181,594 people
Hispanic	24.5	or	63,699
Asian	4.1	or	10,692
African Am.	1.1	or	2,871
Am. Indian	0.5	or	1,392
Total			260,248

Note: the only variations reported for the year 2002 were the following: Caucasian – 68.8%, Hispanic – 25.3%, Asian – 4.3%, with the total changing to 268,737.
The US Bureau of the Census, Census 2000 of Population and Housing puts the Hispanic or Latino **SCC** population of all ages at a slightly higher number - 68,486 of a county wide population of 255,602 or 26.8%. Of the 33,307 **SCC** residents over age 60 3,434 (10.3%) are Hispanic or Latino.

Indicator 3 - Marital Status

In 1998, 79 percent of men ages 65 to 74 were married, compared with 55 percent of women in the same age group. Among persons age 85 or older, about 50 percent of men were married, compared with only 13 percent of women.
Older women are much more likely to be widowed than are older men due to a combination of factors, including sex differences in life expectancy, the tendency for women to marry men who are slightly older, and higher remarriage rates for older widowed men than widowed women. In 1998, about 77 percent of women age 85 or older were widowed, compared with 42 percent of men.
In 1998, about 7 percent of the older population were divorced, and only a small percentage of the older population had never married (4 percent of men and 5 percent of women).
Source: OA pg. 5

SCC 65+ population in 2001 per CHIS was as follows:

age	married		other*		never married	all	
65-69	7,000	49.1%	3,000	26.3%	1,000 **	10,000	41.4%
70-74	3,000	20.1	2,000	18.9	---------	5,000	19.5
75+	4,000	30.1	5,000	54.7	---------	9,000	39.1
	13,000 1		10,000		1,000	24,000	

.

1. 13,000 is the total given by CHIS for this column

* Widowed, separated, divorced, living with partner
** Statistically unstable

US Census Bureau Marital status and living arrangements news releases. See Living Arrangements below.

Indicator 4 – Educational Attainment

In 1950, only 18 percent of America's older population had finished high school. By 1998, about 67 percent of people age 65 or older had completed high school. The percentage of older Americans with at least a bachelor's degree increased from 4 percent in 1950 to almost 15 percent in 1998.
In 1998, about 20 percent of older men had a bachelor's degree or higher, compared with 11 percent of older women. About two-thirds of both men and women had finished high school.

CAP reports that in the year 2002 of a sample of 679 Santa Cruz residents of all ages:

< 9th grade education	7.8%
9-12 grade education	6.4
High school diploma	13.3
Some college	27.7
AA degree	7.0
College degree	20.1
Post college degree	17.8

CHIS for the same period, but searching only for those **SCC** residents 65+, indicates that:

< 9th grade	2,000	7.3%
9-11 grade	1,000	5.1%
High school diploma	5,000	20.2%
Some college	5,000	20.0
Vo Tech	2,000	6.9
AA degree	1,000	4.7%
College degree	5,000	21.5%
Post College degree	3,000	12.7%
Total	24,000	

Indicator 5 – Living Arrangements

Living arrangements of America's older population are important because they are closely linked to income, health status, and the availability of caregivers. Older persons who live alone are more likely to be in poverty than older persons who live with their spouses.
In 1998, 73 percent of older men lived with their spouses, 7 percent lived with other relatives, 3 percent lived with nonrelatives, and 17 percent lived alone.
Older women are more likely to live alone than are older men. In 1998, older women were as likely to live with a spouse as they were to live alone, about 41 percent each. Approximately 17 percent of older women lived with other relatives and 2 percent lived with nonrelatives.
Source: OA, pg. 8

"Spouse lives in your household " is a partial attempt to address this Indicator but presumes the respondent is married. **SCC** specific CHIS data

Ages	CA Yes	**SCC**Yes	**SCC** "N"
65-69	31.9%	49.9%	7,000
70-74	29.0	20.1	3,000
75+	29.1	30.1	4,000

13,000 total given by CHIS for this column

AARP's 20 Ways to pick the city that's best for you:
http://www.aarpmagazine.org/travel/Articles/a2003-03-26-mag-checklist.html

US Census Bureau Marital Status and Living Arrangements News Releases
http://www.census.gov/Press-Release/www/marital.html

Indicator 6- Poverty

In 1959, 35 percent of persons age 65 or older lived in families with money income below the poverty line. By 1998, the percentage of the older population living in poverty had declined to 11 percent.

The relative poverty rates of the older population (age 65 or older), persons of working age (age 18 to 64), and children (under age 18) have changed dramatically. In 1959, older persons had the highest poverty rate (35 percent), followed by children (27 percent), and working-age persons (17 percent). By 1998, an equal percentage of the older population and working-age persons lived in poverty (11 percent), while the poverty rate of children remained at a relatively high level (19 percent).

Among older Americans, the poverty rate is higher at older ages. In 1998, poverty rates were 9 percent for persons ages 65 to 74, 12 percent for persons ages 75 to 84, and 14 percent for persons age 85 or older.

Among the older population, poverty rates are higher among women (13 percent) than among men (7 percent), among the nonmarried (17 percent) persons. In compared with the married (5 percent), and among minorities compared with non-Hispanic white 1998, divorced black women ages 65 to 74 had a poverty rate of 47 percent, one of the highest rates for any subgroup of older Americans

CHIS indicates that of the 24,000 **SCC** residents 65+ years of age:

11.7%	(3,000*)	are in the 0-99% FPL
23.6	(6,000)	" " " 100-199% FPL
10.7	(3,000)	" " " 200-299% FPL
54.0	(13,000)	" " " 300%+ FPL

* Statistically unstable

Indicator 7 – Income Distribution

The only information found so far in the following 3 areas specific to **SCC** is as follows.

CHIS breaks down income levels as follows with almost all the numbers being noted as "statistically unstable". They are offered for information only.

Annual Household Income	**SCC** 65+	% 65+
$5,000 or less	--	--
5,001 - 10,000	3,000	12.1%
10,001 –15,000	1,000	5.8
15,001 –20,000	3,000	13.2
20,001 –30,000	2,000	10.2
30,001 –40,000	2,000	8.2
40,001 –50,000	3,000	12.9
50,001 –60,000	2,000	8.0
60,001 –70,000	2,000	6.6
70,001 –80,000	1,000	3.4
80.001 –90,000	-------	----
90,001 –100,000	-------	----
100,001 –135,000	1,000	3.6
> 135,000	3,000	12.8
	24,000	

Indicator 8 – Sources of Income for Older Americans

Most older Americans are retired from full-time work. Social Security was developed as a floor of protection for their incomes, to be supplemented by other pension income, income from assets, and to some extent, continued earnings. Over time, Social Security has taken on a greater importance to many older Americans

Since the early 1960s, the proportion of income for older Americans derived from Social Security and pensions has increased, and the proportion from earnings has declined. The share of income from assets peaked in the mid-1980s and has generally declined since then.

In 1998, Social Security benefits provided about two-fifths of the income of older persons; and asset income, pensions and personal earnings each provided about one-fifth of total income.

Pension coverage expanded dramatically in the two decades after World War II, and private pensions accounted for an increasing proportion of income for older persons during the 1960s and early 1970s. Since then, the coverage rate has been stable at about 50 percent of all workers on their current jobs.

There has been a major shift in the type of pensions provided by employers, from defined-benefit plans (in which a specified benefit amount is typically paid as a lifetime annuity), to defined-contribution plans such as 401(k) plans (in which the amount of the future benefit varies depending on investment earnings). In 1975, only 6 percent of private sector employees depended primarily on defined-contribution plans for their employer-sponsored pension. By 1994, this had increased to 21 percent. Over the same period, primary coverage under defined-benefit plans fell from 39 percent to 24 percent.

Among older Americans in the lowest fifth of the income distribution, Social Security accounts for 82 percent of income, and public assistance accounts for another 10 percent. For those whose income is in the highest income category, Social Security and pensions each account for about a fifth of income, and asset income and earnings each account for about 30 percent of total income.

For persons age 85 or older, Social Security and assets account for a larger proportion of total income, and earnings and pensions a smaller proportion, compared with persons ages 65 to 69. Source: **OA pg. 14-15**

About One-Half of Older Married Couples Have Incomes of $35,000 or More, (US)Census Bureau Reports http://www.census.gov/Press-Release/www/2003/cb03-75.html

About one-half (49 percent) of married-couple households with a householder 65 and over had annual incomes of $35,000 or more in 2001, according to a report released today by the Commerce Department's Census Bureau.

The report, The Older Population in the United States: March 2002, also shows that among married-couple households with a householder 55 to 64, more than three-quarters (77 percent) had an income of $35,000 or more in 2001.

"As the nation celebrates Older Americans Month in May, this is the perfect opportunity for the Census Bureau to focus on an increasingly important age group in our nation's demographic panorama," Census Bureau Director Louis Kincannon said.

The report also found that more than 1-in-8 people age 65 and over (4.5 million) were either working or looking for work in 2002. Among those ages

60 to 64, the proportions were 57 percent for men and 44 percent for women.

On the education front, the profile of the older population shows that in 2002, among people 55 and over, three-fourths had at least a high school diploma. Older men and women in most age categories were equally likely to be high school graduates.

Overall, 6-in-10 people age 55 and over were married and living with their spouse, with the percentage much higher for men (74 percent) than for women (50 percent).

The older population was less racially and ethnically diverse than the younger population. While non-Hispanic whites comprised 66 percent of the population under 55, they made up 81 percent of those age 55 and over, the report said.

A related Census Bureau publication, Facts for Features: Older Americans Month, contains additional information pertaining to the nation's older population, including statistics on voter turnout. For instance, 72 percent of citizens ages 65 to 74 voted in the last presidential election, the highest rate of any age group.

Other highlights of the report:

- Among people 85 and over, 58 percent of men, but only 12 percent of women, were married and living with their spouse.

- Among those 55 to 64, 31 percent of men and 22 percent of women had a bachelor's degree or more education.

- In 2001, women 65 and over were more likely than men in this age group to be poor: 12.4 percent versus 7.0 percent.

The report and accompanying tables present the latest data on the civilian population age 55 and over not living in institutions, such as nursing homes and correctional institutions. Characteristics, which are shown by age and sex, include race and Hispanic origin, marital status, educational attainment, labor force participation, family income and poverty status.

The data are from the Annual Demographic Supplement to the March 2002 Current Population Survey, which uses Census 2000 as the base for its sample. As in all surveys, the data are subject to sampling variability and other sources of error.

Source: U.S. Census Bureau
Public Information Office
(301) 763-3030
Last Revised: May 20, 2003 at 08:41:58 AM

Indicator 9 – Net Worth

Net worth (the value of real estate, stocks, bonds and other assets minus outstanding debts) is an important indicator of economic security and well-being. Greater net worth allows a family to maintain its standard of living when income falls because of job loss, health problems, or family changes such as divorce or widowhood.

Between 1984 and 1999, the median net worth among households headed by persons age 65 or older increased by 69 percent, while the median net worth for households headed by persons ages 45 to 54 declined by 23 percent over the same period. Although there is general agreement that net worth among households headed by older persons has increased over time, different data sources disagree about the size of this increase.

In 1999, household heads age 65 or older with at least some college reported a median household net worth more than four times that of heads of household without a high school diploma.

Between 1984 and 1999, the median net worth for households headed by persons without a high school diploma increased by only 21 percent, compared with a 48 percent increase among households headed by persons with at least some college. **Source: OA, pg. 16-17**

No SCC data except for educational attainment above has been found to date

Indicator 10 – Participation in the Labor Force

Some older Americans work out of economic necessity. Others may be attracted by the social contact, intellectual challenges, or sense of value to the community that work often provides. Between 1963 and 1999, labor force participation rates declined from 90 percent to 75 percent among men ages 55 to 61, and declined from 76 percent to 47 percent among men ages 62 to 64. The participation rate for men age 70 or older declined from 21 percent in 1963 to less than 12 percent in 1999. Most of these declines occurred prior to 1980.

The decline in labor force participation before the 1980s has been attributed to several factors. The youngest age of eligibility for Social Security benefits was dropped from 65 to 62 in the early 1960s. Greater wealth also allowed older Americans to retire earlier. The more recent stability of participation rates has been explained by the elimination of mandatory retirement laws, liberalization of the Social Security “earnings test” (the reduction of Social Security benefits as earnings exceed specified amounts) and gradual increases in the delayed retirement credit for Social Security beneficiaries. **Source: OA, pg. 18**

In **SCC** of the overall ~24,000 residents aged 65+ approximately 5,000 (22.2%) are working at a job and ~18,000 (77%) are not working nor looking for a job. Of this group the division between males and females (50/50%) shows that 4,000 (31.7% of the 12,000) males were working while only 1,000 (12% of that 12,000) females were working.

Of these working residents 49.1% (~3,000) were self employed and 44.7% (~2,000) worked for a private company or a not-for-profit organization.

Indicator 11 – Housing Expenditures

CAP's Income Spent on Housing (pg.44) indicates in response to the question "Does one half or more of your total household take-home pay (income after taxes) go to rent/housing costs?" that in **SCC** in 2000 17.0% of people aged 65 + answered "yes"; in 2001 24.2% answered "yes"; and in 2002 14.1 answered "yes". This was followed by the question being changed to "three-fourths or more of total household take-home pay" with the following responses from the same age group of **SCC** residents: 2000 6.6%; 2001 12.8%; and 2002 6.6%.

Indicator 12 – Life Expectancy

Americans are living longer than ever before. In 1900, life expectancy at birth was about 49 years. By 1960, life expectancy had increased to 70 years, and in 1997, life expectancy at birth was 79 years for women and 74 years for men.

Life expectancies at ages 65 and 85 have also increased. Under current mortality conditions, people who survive to age 65 can expect to live an average of nearly 18 more years, more than five years longer than persons age 65 in 1900. The life expectancy of persons who survive to age 85 today is about 7 years for women and 6 years for men.

Educational attainment is associated with higher life expectancy. The life expectancy of high school graduates at age 65 is approximately one year longer than the life expectancy at that age for persons who did not graduate from high school.
Source: OA, pg. 22

Indicator 13 – Mortality

CA Dept. of Health Services, Center for Health Statistics data is for the entire **SCC** population and not specific to those age 65+.

Disease	**CA age adj.**	**Nat'l obj.**	SCC **2 yr. avg.**	SCC **crude rate**	SCC **age adj.**
All causes	773.8	not estab	1,663.7	650.3	692.5
Heart Disease	201.5	166.0	371.5	145.2	155.2
All Cancer	179.8	159.9	341.5	133.5	145.6
Stroke	63.3	48.0	119.0	46.5	49.7
Diabetes	20.8	not estab	42.0	16.4	18.0

Note: COPD and Pneumonia & flu are not listed in Center for Health Statistics report

Indicator 14 – Chronic Health Conditions

Chronic diseases are long-term illnesses that are rarely cured. These diseases can become a significant health and financial burden to not only those persons who have them, but also their families and the nation's health care system. Chronic conditions such as arthritis, diabetes, and heart disease negatively affect quality of life, contributing to declines in functioning and the inability to remain in the community. Source: OA, pg. 24

CHIS does not maintain data on several of the diseases listed in the national report but offers the following for the population 65+: (**Bold** used where **SCC** number is >20% than CA and *Italics* used where < 20% than state)

Disease	age	CA	**SCC**	"N"	
Arthritis:	65-69	44.7%	**54.1**%	10,000	
	70-74	49.0	47.2	5,000	
	75+	54.8	45.8	9,000	
Total	50.5	49.5	24,000		
Asthma:	65-69	10.4%	13.4%	10,000	statistically unstable
	70 –74	11.3	---------	------	
	75+	9.2	7.9	9,000	statistically unstable
	Total	10.1	10	24,000	
Diabetes:	65-69	15.2%	-----	----	
70-74	15.4	**29.9**%	5,000		
75+	13.3	*9.5*	9,000	Statistically unstable	
Total	14.4	11.1	24,000		
High Blood Pressure:					
	65-69	49.5%	45.1%	10,000	
	70-74	52.6	61.2	5,000	
	75+	56.2	52.7	9,000	
	Total	53.4	51.2	24,000	
Heart Disease:	65-69	18.4%	*10.6%*	10,000	statistically unstable
	70-74	20.4	22.8	5,000	statistically unstable
	75+	29.2	24.6	9,000	
	Total	23.9	18.4	24,000	
Cancer: (all)					
	65-69	19.6%	17.5%	10,000	statistically unstable
	70-74	22.4	**27.8**	4,000	statistically unstable
	75 +	27.1	**38.7**%	9,000	
	Total	23.8	27.8	24,000	

Note: CHIS does not allow for drill down by specific type of cancer

Indicator 15 – Memory Impairment

Alzheimer's Disease
(All figures are for U.S.)
Deaths Annually: **49,558 (2000)**
Age-Adjusted Death Rate: **18.0 deaths per 100,000 population (2000)**
Cause of Death Rank Among Americans: **8th (2000)**

No **SCC** specific information has been located re this area.
http://www.cdc.gov/nchs/fastats/alzheimr.htm
http://www.dhs.ca.gov/ps/cdic/cdcb/Medicine/Gerontology/Alzheimers/index.htm

Prevent Alzheimer's With Healthy Living

Strategies to Reduce Risk of Heart Disease and Stroke May Help Prevent Dementia
By Sid Kirchheimer Reviewed By Michael Smith, MD
WebMD Medical News on Friday, September 12, 2003
Sept. 12, 2003 (Philadelphia) -- New discoveries suggest that the war against Alzheimer's disease may be better fought on a different front -- by launching an offensive attack in trying to prevent the disease decades before symptoms appear, often with the same offensive strategy used to fight heart disease and stroke.
The same risk factors linked to heart disease and stroke -- high blood pressure, high cholesterol, sedentary lifestyle, smoking, and diabetes -- also increase the risk of Alzheimer's disease, which currently affects about 4 1/2 million Americans, including half of those over age 85, and is expected to triple by 2050.
In fact, within only three months of having a stroke, about one in four patients develop memory and other thought impairments, and two in three eventually develop Alzheimer's disease, says Vladimir Hachinski, MD, professor of neurology at the University of Western Ontario in Canada and editor-in-chief of the medical journal *Stroke*.
"The key is prevention," he tells WebMD. "And the time to do it is middle age. By taking measures to reduce your risk of stroke and heart disease, you can also reduce the risk of Alzheimer's."
At the American Medical Association's annual Science Reporters Conference, Hachinski and another neurologist, Samuel Gandy, MD, of Thomas Jefferson University, reviewed some recent discoveries that indicate a connection between the three conditions and are leading to more emphasis on preventing, rather than treating, Alzheimer's disease, just as is done with heart disease and stroke.
Currently, many Alzheimer's disease patients are now treated with drugs such as Aricept, Reminyl, and Cognex. The so-called "cholinesterase inhibitors" increase the level of a chemical acetylcholine, which helps nerve cells in the brain communicate with each other. People with Alzheimer's disease and related conditions have decreased brain levels of this chemical.
"But the drugs we use today are only modestly effective," says Alzheimer's disease specialist Samuel E. Gandy, MD, PhD, director of the Farber Institute for Neurosciences at Thomas Jefferson University. They slow progression of the disease but do not stop it.
Several studies have suggested that statins, the same drugs used to lower high cholesterol in an effort to reduce risk of heart disease and stroke, offer promise. That's because statins, and in particular, Lipitor, help destroy the other telltale sign of Alzheimer's disease -- increased levels of amyloid, a sticky substance not unlike cholesterol that forms plaques in the brain.
Some of these studies indicate that people who currently take statins are less likely to develop Alzheimer's disease, and one suggested the popular cholesterol-lowering drugs, by themselves, might reduce the risk of developing Alzheimer's disease by as much as 39%.
But Gandy says that an experimental drug, known as PI3KI, may double the positive effects of statins. However, that drug is still being studied, and Gandy doesn't advocate people take statins specifically to lower their risk of Alzheimer's disease.
So what can you do now to reduce your later risk of Alzheimer's disease?
The same often-preached advice is a good start. "Exercise regularly, eat a low-fat diet, and manage your blood pressure and cholesterol levels," says Hachinski.
Among the less obvious preventative strategies:

- **Enroll in a clinical trial.** "The first advice I would offer is to enroll in a clinical trial studying stroke or Alzheimer's," he tells WebMD. In these trials, patients often get experimental drugs that have initially proven to show promise in disease treatment or prevention. "Even if you get a placebo, you'll undergo close medical evaluation and monitoring."
- **Deal with depression, now.** "Depression in middle age is a big predictor of Alzheimer's and possibly stroke," he says. In fact, a study published in May indicates that people with a history of symptoms of depression are twice as likely to develop Alzheimer's disease.

- **Try to limit "free radical" damage.** A type of fat called isoprostanes may be an indicator of amyloid plaque, says Gandy. And environmental pollutants, smoking, and a high-fat diet are known to play a role in the development these isoprostanes. Perhaps this is why some previous research has suggested that vitamins C and E, considered among the most powerful antioxidant nutrients, seem to offer some protection against Alzheimer's disease.

SOURCES: American Medical Association's 22nd annual Science Reporters Conference, Philadelphia, Sept 11-12, 2003. *Archives of Neurology*, August 2003. *Archives of Neurology*, May 2003. *Archives of Neurology,* April 2003. *The Journal of the American Medical Association*, June 26, 2002. Vladimir Hachinski, MD, FRCPC, DSc, professor of neurology, University of Western Ontario, Canada; editor-in-chief, *Stroke*. Samuel E. Gandy III, MD, PhD, director, Farber Institute for Neurosciences, Thomas Jefferson University, Philadelphia; vice chair, National Medical and Scientific Advisory Council, the Alzheimer's Association.

http://my.webmd.com/content/Article/73/88956.htm

washingtonpost.com

The Two-Step Program

Might Dancing Delay Dementia? Experts Can't Say, but Enthusiasts Like the Beat
By Yuki Noguchi
Washington Post Staff Writer
Tuesday, October 14, 2003; Page HE01

There's this guy I dance with, Arnold Taylor.

He has firm hands and shoulders, and his favorite eight-step swing move has this merry-go-round feel to it. Everything in the periphery is ablur except his face, which usually bears a broad grin. He's strong -- a fact he underscores by introducing himself, with a wink, simply as "Ahnoldt." This faux Schwarzenegger's dance card is usually pretty full. And when he walks, it's more like he's swaggering to a syncopated beat.

It's easy to mistake this 78-year-old retired reverend for a lady's man. But really, when he's on the dance floor, he's just reflecting the spiritual joy he's gotten out of his favorite form of recreation. "What do I like most about dance? Oh, well, the sort of happy human relationship. Being with somebody and having fun," he says.

Long-time dancers like Taylor know what the medical community is lately starting to find some evidence of: the realization that dancing is good for you. Particularly, as it turns out, for older people.

In a recent study of nearly 500 people by the Albert Einstein Center in the Bronx, N.Y., dancing was the only regular physical activity associated with a significant decrease in the incidence of dementia, including Alzheimer's disease. Alzheimer's, which slowly degrades brain and memory function, affects 4 million Americans over the age of 60. Dementia, a broader category of diminished mental ability, affects between 6 million and 7 million.

"Dance is not purely physical in many ways, it also requires a lot of mental effort," said Joseph Verghese, the lead researcher of the study, published in June in the New England Journal of Medicine. Though many studies have explored the relationship between activity and dementia, he said, "if you review them, the [activities] that are purely physical do not seem to have any effect reducing dementia."

"Certainly among my patients [who dance], their posture is different and the way they walk is different," Verghese said. Changes in walking patterns, he said, are often symptoms of mental decline.

Among the participants in the Verghese study, those who danced frequently -- three or four times a week -- showed 76 percent less incidence of dementia than those who danced only once a week or not at all. The same study showed that doing puzzles, mind games and other mentally stimulating activities also reduce the incidence of dementia, but that purely physical activities -- swimming, bicycling, walking, climbing stairs -- had no preventive value.

The results don't surprise Jamie Platt, 53, an analyst for the Social Security Administration who gets his kicks folk dancing, Balkan, Turkish and Armenian style.

"I have a very sedentary kind of job. But when I go dancing, I get my ya-yas out," said Platt, "It keeps me very vibrant. The dances that we do have very complex footwork. You have to think about the complex rhythms. So it keeps you on the ball," Platt said.

So what is it about dance that might make it life- and brain-enhancing?

The short answer, said Verghese: "I really don't know."

True, it involves movement, and there are dozens of studies that show -- even if the Einstein Center study didn't -- a positive correlation between physical exercise of all kinds and mental health. Essentially, exercise seems to jazz the brain.

Sustained aerobic activity involves not just those parts of the brain that control motor and sensory functions, but also the hippocampus -- the section responsible for memory and many other cognitive functions, said Carl W. Cotman, a neuroscientist at the University of California, Irvine.

"It's surprising, because you'd think, 'What's that got to do with movement?' but it does," said Cotman, who studies the influence of exercise on the brains of rats and mice. In animals that exercise, the connections between brain cells grow stronger, and a protein (brain-derived neurotrophic factor, or BDNF) shown to improve neuron survival increases.

In addition, Cotman says -- citing a finding that supports the theory that dance is better for your brain than other fitness activities -- physically active animals that have an "emotional support system," like interacting with other animals, see even more benefits in their brains.

Or it's possible that dance may not turn out to be a buffer at all. The Einstein Center study has many critics.

"I think there is nothing unique about dance in particular that is beneficial for Alzheimer's," said Bill Thies, vice president of medical and scientific affairs for the Alzheimer's Association. "The numbers involved in [the Einstein Center] research are too small, and a correlation, or a causal relationship, is difficult to establish."

Verghese's study followed 469 people over the age of 75 -- none of whom showed signs of dementia at the start -- from 1980 to 2001. The participants underwent a series of clinical and neuropsychological tests at enrollment, and were tested every 12 to 18 months after that. Within this group, 130 people danced frequently (three or more times a week), 83 swam frequently, 26 bicycled frequently and 19 played games frequently.

For Thies, those numbers are problematic. Definitive studies, he said, examine more than 10,000 people for a decade or more.

He's not the only critic. "There are inherent limitations to these kinds of studies because they are behavioral and self-selected," meaning, in this case, that the group included only those without a condition that would keep them off the dance floor,"said David Bennett, a doctor of neurology and director of the Rush Alzheimer's Disease Research Center in Chicago. "You don't see the people who are not dancing."

"It's difficult to determine whether something is acting on the brain when a person dances that actually reduces the risk of mental decline," said Bennett. "There may be something about dance that attracts a certain type of person who is less depressed, more social and less stressed," all qualities that could also help stave off dementia, he said. More studies are needed to test which qualities actually are affecting the brain, he said.

Losing Grip

Research hasn't produced a consensus on what protects against dementia, either.

Some studies show that people with higher levels of education -- and therefore, presumably, more developed brains -- tend to be less likely to develop dementia. Other studies link brain health with a healthful diet and good circulation. Still others suggest that people with depressive personalities are more prone to dementia later in life.

Dementia usually leaves markers. Brain scans sometimes show deposits of the protein amyloid, which essentially creates roadblocks for brain signals. Other people have plaques and tangles, knots of intertwined, dysfunctional nerve cells. Sometimes there are lesions on the brain tissue. Sometimes the brain shrinks.

A study published in July showed that elderly women who were overweight developed Alzheimer's disease with greater frequency than those of lesser weight. Among 260 Swedish women, those who were overweight or obese at age 70 were more likely than others of similar age to develop dementia or Alzheimer's in their eighties.

"When you're considering a disease of late life, it's never one factor working in isolation," said Deborah Gustafson, whose research on Swedish women appeared in the Archives of Internal Medicine. Other common ailments such as heart disease, high blood pressure and diabetes have also been linked to higher rates of dementia. "But we still found there's an independent effect between high body fat and dementia," said Gustafson.

Most dance burns fat.

"It's great exercise for the body. The body needs to move, and dancing gets the blood flowing," said Craig Hutchinson, 60, president of the Potomac Swing Dance Club, who has been dancing the since the age of 11.

A Turn on the Floor

Dancers, meanwhile, don't let science get in the way of their own theories about the value of dance. They variously claim it's the healing power of touch, the spiritual oneness of mind and body or even the regular stress relief that makes it good for the brain.

Donna Barker, who has taught swing, waltz and Argentine tango in the Washington area since 1984, says the Einstein Center study simply validates what is common knowledge among dancers.

"Human touch is healing," said Barker. "It's a no-brainer. . . . Why does social dance do it and tennis not? It's because you're touching somebody."

Ann Smith, 76, who made a career of modern dance with the Alvin Ailey company, also needs no convincing as to the therapeutic value of dance. "It just stands to reason," said Smith, who lives in Alexandria for half the year and teaches dance to students as old as 91. "Mentally, [dancing] exchanges positive air for negative air" and engages the body and the brain in a kind of meditation, Smith said. "I would doubt very much that I would go the Alzheimer's route."

Research may still be far from being able to *prove* that dance is, in fact, good for aging minds. But it's difficult to dispute that, on the whole, dancers have a lot of positive energy.

Like my buddy Arnold Taylor. He danced through what must have been two of the grimmest periods of his youth: the Great Depression and World War II.

But when he tells stories about his past in his usual animated fashion, he's generally talking about how he and his sister showed off their dance moves in the Grange halls of western Massachusetts during the 1930s. Or about spending weekends in England in the 1940s hitting on girls at dances featuring the music of Tommy Dorsey and Duke Ellington. It's the dancing he remembers; somehow, the penny-pinching family budgets and the ravages of wartime London don't steal his story.

Who knows why some things -- dance steps or brain power -- come back, while others never do? While science tries to identify whether it's the drugs we take, the diet we eat or the dances we do, maybe the sensible thing to do to stave off dementia is to hit the dance floor. It may not work, but it's lots of fun.•

Indicator 16 – Depressive Symptoms

CHIS does not specifically research depression. The “closest” question “Ever saw health professional for emotional/mental problems?” generated statistically unstable data in all categories. See mental health data in Indicator 15 above.

Indicator 17 – Self –Rated Health Status

Asking people to rate their own health as excellent, very good, good, fair, or poor provides a common indicator of health easily measured in surveys. It represents physical, emotional, and social aspects of health and well-being. Good to excellent self-reported health correlates with lower risk of mortality.

During the period 1994 to 1996, 72 percent of older Americans reported their health as good, very good, or excellent. Women and men reported comparable levels of health status.

Positive health evaluations decline with age. Among non-Hispanic white men ages 65 to 74, 76 percent reported good to excellent health, compared with 67 percent among non-Hispanic white men age 85 or older. A similar decline with age was reported by non-Hispanic black and Hispanic older men, and by women, with the exception of non-Hispanic black women. Source: OA, pg. 27

CHIS reports that for folks living in **SCC** 65 years of age and over the following self perceptions of their own health.

Status	65-69	70-74	75+	All
Excellent	19.3%*	12.7*	17.0*	17.1
Very Good	47.5	41.0	24.8	37.4
Good	12.4*	24.9*	32.7	22.8
Fair	17.5*	12.5*	22.3	18.4
Poor	---	---	--	4.3*
Total pop.	10,000	5,000	9,000	24,000

* = Statistically unstable

Tallying the “All” column numbers indicates that ~ 77% of this group of **SCC** residents considers their own health to be at least good or better.

Indicator 18 – Disability

Functioning in later years may be diminished if illness, chronic disease, or injury limits physical and/or mental abilities. Changes in disability rates have important implications for work and retirement policies, health and long-term care needs, and the social well-being of the older population

The proportion of Americans age 65 or older with a chronic disability declined from 24 percent in 1982 to 21 percent in 1994.
Despite the decline in rates, the number of older Americans with chronic disabilities increased by about 600,000 from 6.4 million in 1982 to 7 million in 1994. This is because the overall population of older persons was growing fast enough to outweigh the decline in disability rates. However, if disability rates had not declined from 1982 to 1994, then the disabled population would have increased by almost 1.5 million bringing the total number of older Americans with chronic disabilities close to 7.9 million.
There was a decline in disability rates for both sexes since 1982, when 27 percent of older women and 20 percent of older men had a chronic disability. By 1994, about 25 percent of older women and 16 percent of older men had a chronic disability. Source: OA, pg. 28

CHIS reports that for the **SCC** residents age 65+ and reporting under “Disability” in response to “Health problem that requires special equipment”

Age	CA		**SCC**
65-69	14.5%	(n = 102,000)	19.4% (stat. unstable) (N =1 ,000)
70-74	19.4	(n = 136,000)	-----
75+	66.1	(n = 466,000)	68.9 (n = 3,000)
Total		(n = 705,000)	(n = 4,000)

CAP pg. 10 reports that in 2000 39.2% of **SCC** residents age 65+ (9,432) had some disability.

Health Risks and Behaviors

Indicator 19 – Social Activity

Men and women benefit from social activity at older ages. Those who continue to interact with others tend to be healthier, both physically and mentally, than those who become socially isolated. Interactions with friends and family members can provide emotional and practical support that enable older persons to remain in the community and reduce the likelihood they will need formal health care services.

The majority of persons age 70 or older reported engaging in some form of social activity in the past two weeks. Interactions with family were the most common type of interaction reported—92 percent of older persons got together with a non-coresident family member. A slightly smaller percentage reported getting together with friends and neighbors (88 percent). Half of all older persons reported going out to church or temple for services or other activities.

The percentage reporting social activities declines with age. The percentage reporting volunteer work in the past year declined from 20 percent among persons ages 70 to 74 to 7 percent among persons age 85 or older. About one-third of persons ages 70 to 74 reported attending a movie, sports event, club, or other group event in the preceding two weeks, while fewer than 14 percent of persons age 85 or older did so. The majority of persons even at the oldest ages reported some interactions outside the home.

The majority of both men and women, approximately two out of three, felt that there was enough social activity in their lives

Indicator 20 – Sedentary Lifestyle

Regular physical activity that is performed on most days of the week reduces the risk of developing or dying from some of the leading causes of illness and death in the United States.
Regular physical activity improves health in the following ways:
Reduces the risk of dying prematurely.
Reduces the risk of dying prematurely from heart disease.
Reduces the risk of developing diabetes.
Reduces the risk of developing high blood pressure.
Helps reduce blood pressure in people who already have high blood pressure.
Reduces the risk of developing colon cancer.
Reduces feelings of depression and anxiety.
Helps control weight.
Helps build and maintain healthy bones, muscles, and joints.

Helps older adults become stronger and better able to move about without falling.
Promotes psychological well-being.

Millions of Americans suffer from illnesses that can be prevented or improved through regular physical activity.
13.5 million people have coronary heart disease.
1.5 million people suffer from a heart attack in a given year.
8 million people have adult-onset (non-insulin-dependent) diabetes.
95,000 people are newly diagnosed with colon cancer each year.
250,000 people suffer from a hip fractures each year.
50 million people have high blood pressure.
Over 60 million people (a third of the population) are overweight.
Source: Centers for Disease Control and Prevention
CHIS does not screen for physical activity except for teens.

Indicator 21 – Vaccinations See: Immunization and Infectious Disease

Vaccinations against influenza and pneumococcal disease are recommended for older Americans, who are at increased risk for complications from these diseases compared with younger individuals. Influenza vaccinations are given annually, while pneumococcal vaccinations are usually given once in a lifetime.

Healthy People 2000 set targets of 60% coverage for both influenza and pneumococcal vaccinations among older Americans. Source: OA, pg. 34
CHIS reports only regarding flu shots and for those residents 65+ and who received the vaccination

Age	CA	**SCC**	"N"
65-69	23.9%	38.4%	7,000
70-74	26.2	19.4	3,000
75+	49.9	42.3	7,000
Total			18,000

Indicator 22 – Mammography

Mammography has been shown to be effective in reducing breast cancer mortality among women ages 50 to 65.

"Ever had (a) mammogram?" was posed to the CHIS data with **SCC** residents affirmative answer reported as follows.

Age	CA		**SCC**	
65-69	26.0%	(n = 473,000)	30.1%	(n = 3,000)
70-74	25.4	(n = 463,000)	23.6	(n = 3,000)
75+	48.6	(n = 885,000)	46.3	(n = 5,000)
All		(n = 1,821,000)		(n = 11,000).

Indicator 23 - Access to Health Care

Access to health care is determined by a variety of factors related to the cost, quality, and availability of health care services. Over 96 percent of older Americans are covered by Medicare, which provides affordable coverage for most acute health care services. However, health care users also require a reliable source of care that is provided without major inconvenience.
In 1996, only 2 percent of Medicare enrollees reported difficulty in obtaining health care, down from 3 percent in 1992. The percentage of Medicare enrollees who reported that they delayed using health care because of cost declined from 10 percent in 1992 to 6 percent in 1996.
In 1996, about 7 percent of persons ages 65 to 74 reported delays in obtaining health care due to cost, compared with 5 percent of persons ages 75 to 84, and 3 percent of persons age 85 or older.
Access to health care varied by race. In 1996, the percentage of older Americans who reported delays due to cost was highest among non-Hispanic black persons (10 percent), followed by Hispanic persons (7 percent), and non-Hispanic white persons (5 percent). About 2 percent of non-Hispanic white persons reported difficulty in obtaining health care, compared with 4 percent of non-Hispanic black persons and 3 percent of Hispanic persons.
Source: OA 43
CHIS's question "Have usual source of care" generated the following information for the respective age groups:

Age	CA	**SCC**
65-69	96.5%	98.7%
70-74	97.4	94.6
75+	97.5	100
Total	97.2	98.3