



Senior Health Report Card

SHAPE 2002



**SURVEY OF THE HEALTH OF ADULTS,
THE POPULATION, AND THE ENVIRONMENT**

SHAPE 2002: Senior Health Report Card

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SHAPE Project

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This report is available online at:
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Executive Summary

The general health status of Hennepin County's senior citizens (65 and older) is relatively good. This report examines the vitality of these Hennepin County residents as of 2003.

The Hennepin County senior population is changing. Population growth has been steady, but it will begin to accelerate in 2010 as the baby boomer generation joins this age group. Between now and 2030, the senior population will double in size. The 85-plus population group, which places greater demands on the social service system, will increase in size by 75% over the same time frame. While the racial/ethnic composition remains predominantly white (95% of seniors), more than 50% of the senior population increase in the last decade can be attributed to persons of color.

While a large percentage of seniors reside in Minneapolis, they are becoming more geographically dispersed throughout the county. The senior population is growing significantly in the suburbs, mirroring the overall population growth of the outer-ring suburbs.

Since the first Senior Health Report Card was published in 2000, there has been a significant decline in the number of seniors living in poverty (6%). Greater than one-fifth (22%) of seniors have incomes below 200% of the Federal Poverty Level. This figure is important because it serves as a program eligibility reference point. A disproportionate share of older women (85-plus years) live in poverty.

The overall health status of Hennepin County seniors is good. More than 50% of seniors report their health status as very good or excellent. Four percent of seniors report having difficulty performing activities of daily living (ADL), such as eating, bathing, dressing or getting around in their homes. Fourteen percent of seniors report problems performing instrumental activities of daily living (IADL), such as household chores, conducting necessary business, and shopping or getting around for other purposes. Certain segments of the senior population experience a disproportionate share of difficulty in performing ADLs and IADLs, including the low income, the very old and women.

For the most part, seniors remain well-connected with friends, neighbors and their community.

Hennepin County seniors have strong, positive feelings about their community; 90% of Hennepin County seniors stay in regular contact with friends and neighbors; and nearly two-thirds of seniors regularly attend church activities.

The most common chronic conditions reported by seniors are hypertension, arthritis, high cholesterol, lower back problem and heart trouble. While heart disease and cancer are the leading causes of hospitalization for Hennepin County seniors, heart disease mortality among seniors declined throughout the 1990s at the local and national levels. Injury mortality rates for Hennepin County seniors are significantly higher than the national average.

Hennepin County seniors exhibit many healthy behaviors. A large percentage of seniors wear seat belts, refrain from smoking and exercise regularly. As with the overall population, many seniors are overweight and do not consume the recommended levels of fruits and vegetables.

Hennepin County seniors regularly access healthcare services. Nineteen out of 20 seniors received services from a medical professional in the past year. Similarly, a large majority of seniors are being routinely screened for cancer and receive other preventive health services. However, 29% of seniors report that they had difficulty paying for prescription medications.

Options for care in later life have expanded beyond the nursing home. This is evidenced by the steady decline in nursing home utilization rates since the 1980s. While the number of nursing home beds available in Hennepin County continues to decline, home and community options continue to grow. Enrollment in the Elderly Waiver and Alternative Care programs has grown steadily since 1990. However, time will tell if recent program changes by the 2003 Minnesota Legislature will halt or reverse these trends.

Currently, Hennepin County seniors are in relatively good health. The service delivery system offers many choices, especially when compared with other areas in the state. However, expected growth in the senior population and challenges to the system require flexibility in order to adapt and meet the changing needs of the population.



Introduction: SHAPE 2002



Hennepin County's population is aging, like that of the nation as a whole. Between 1980 and 2000, the number of seniors residing in Hennepin County increased by 20%. Between 2000 and 2030, the 65-plus population group is expected to double, and the 85-plus population is projected to increase by 75%. The senior population is the fastest-growing age group in Hennepin County. Hennepin County provides myriad services to seniors, so it is important to monitor changes in this population group.

This is the second report card focusing on the health and needs of senior Hennepin County residents. The first Senior Health Report Card was released in 2000 and can be found online at: www.HennepinCommunityHealth.org/SeniorHealth

This report assesses many domains of senior health including demography; quality of life; social connectedness and community support; morbidity and mortality; lifestyle and risk behavior; utilization of healthcare services; and long-term care. Indicators in this report come from a variety of sources (e.g., U.S. Census, SHAPE and Minnesota Vital Records). Due to changes in data collection, some of the indicators have been modified from the first report card.

The information provided in this report is timely, local, and useful for policy development, program planning and evaluation purposes.



Demography



Changes in the composition and size of the senior population in Hennepin County affect their relationships with the county as a whole. Forecasted growth in the senior population will have a dramatic impact on the health and social service systems in the county. This section examines changes in population composition, geographic distribution, life expectancy, income levels and living arrangements. This information can be useful in answering questions like:

- How large is the population? Is the population contracting or growing? How fast?

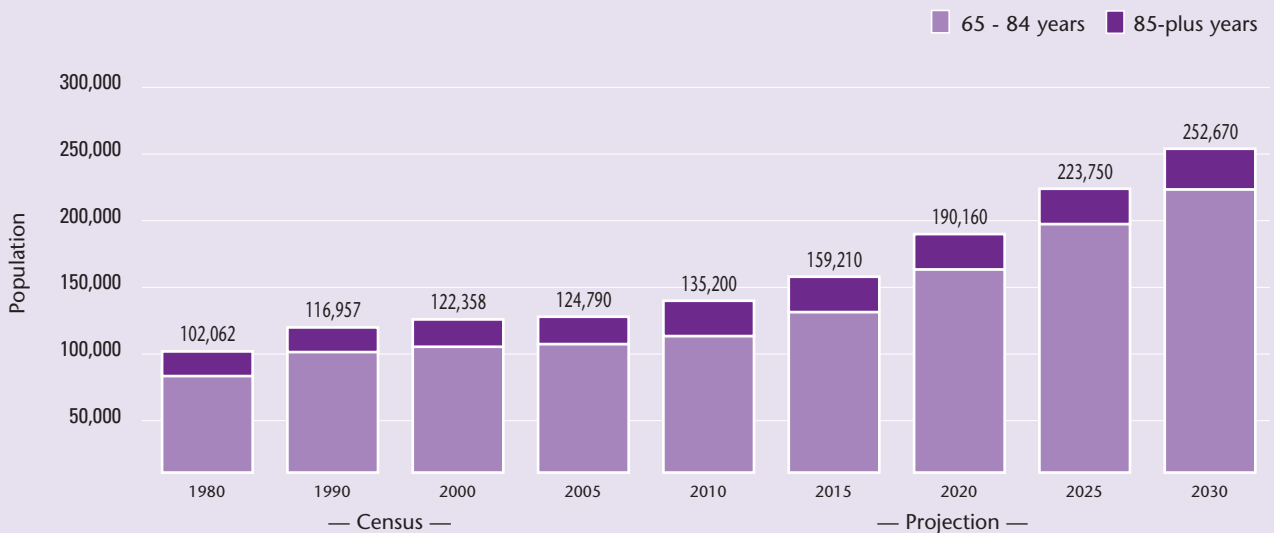
- Where do seniors reside in Hennepin County? How has the geographic distribution of seniors changed over time?
- How has the racial/ethnic composition of the senior population changed in Hennepin County?
- How many seniors live alone? How many live with family members, who can serve as informal caregivers and provide necessary support?
- What is the financial status of Hennepin County seniors and how has it changed? How many poor seniors reside in Hennepin County and qualify for public support?
- Where do poor seniors live?

Population and Projected Growth

- In 2000, 122,358 persons age 65 years or older lived in Hennepin County. Among them, 17,679 were 85 years and older.
- Since 1980, the Hennepin County senior population has been growing steadily.
- Between 2000 and 2030, the senior population will more than double.
- The largest growth in the senior population will occur between 2010 and 2030 as baby boomers join this age group.

Hennepin County Senior Population by Age Group, 1980-2030

Figure 1.



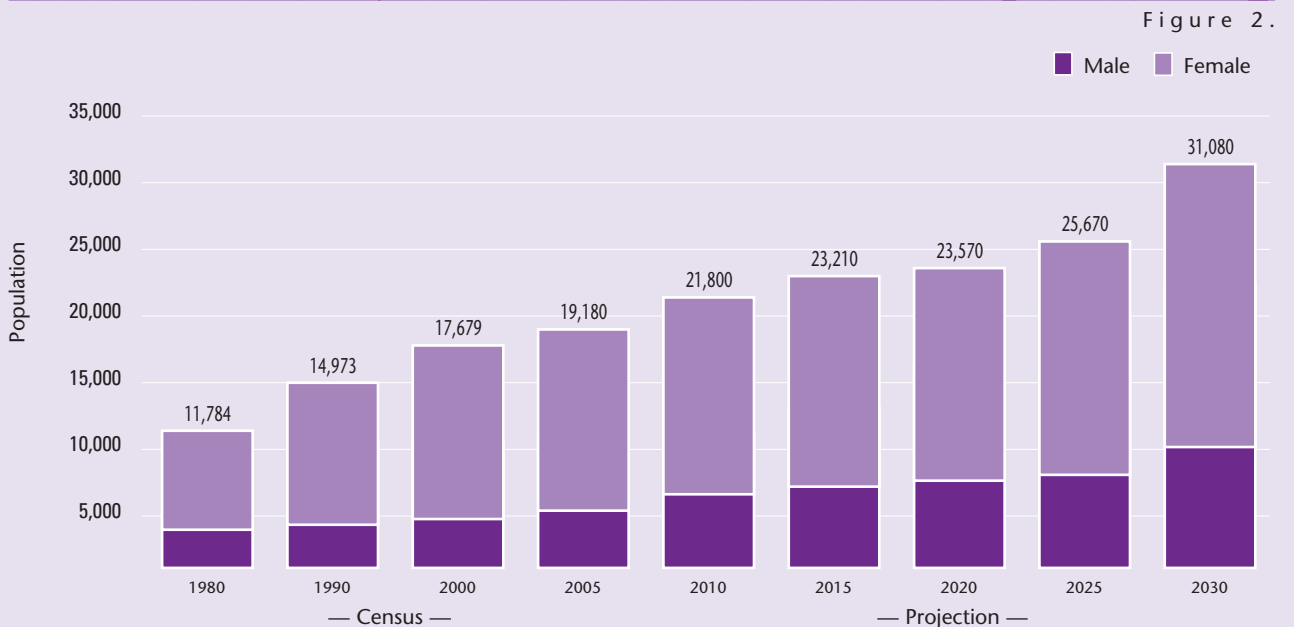
Source: U.S. Census 1980, 1990, 2000; Minnesota State Demographer Projections, October 2002

Demography

Population Projections Age and Gender

- The 85-plus population will increase by 75% between 2000 and 2030 (nearly tripling in size since 1980).
- In 2000, women accounted for three-quarters of the 85-plus population; in 2030, women will account for approximately two-thirds of the 85-plus population.

Hennepin County Senior Population 85 Years and Older by Gender, 1980-2030



Source: U.S. Census 1980, 1990, 2000; Minnesota State Demographer Projections, October 2002

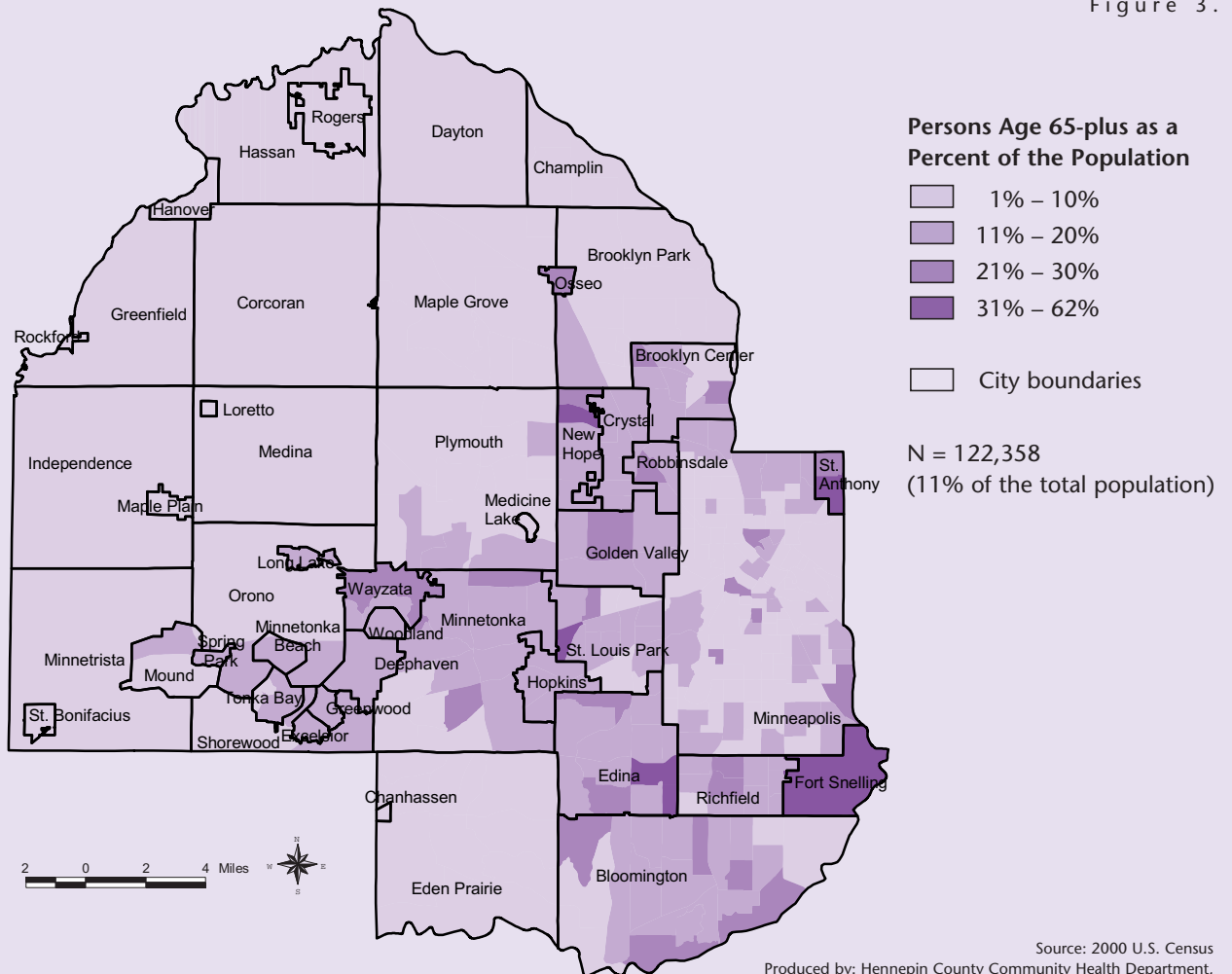
Population Geographic Distribution

- Seniors are widely distributed throughout Hennepin County.
- The highest concentrations of seniors reside in the inner-ring suburbs.

- Census tracts containing nursing homes and other senior housing units have the highest concentrations of seniors.

Persons Age 65 Years and Over as a Percentage of the Population, 2000, by Census Tract

Figure 3.



Demography

Changes in Population Geographic Distribution

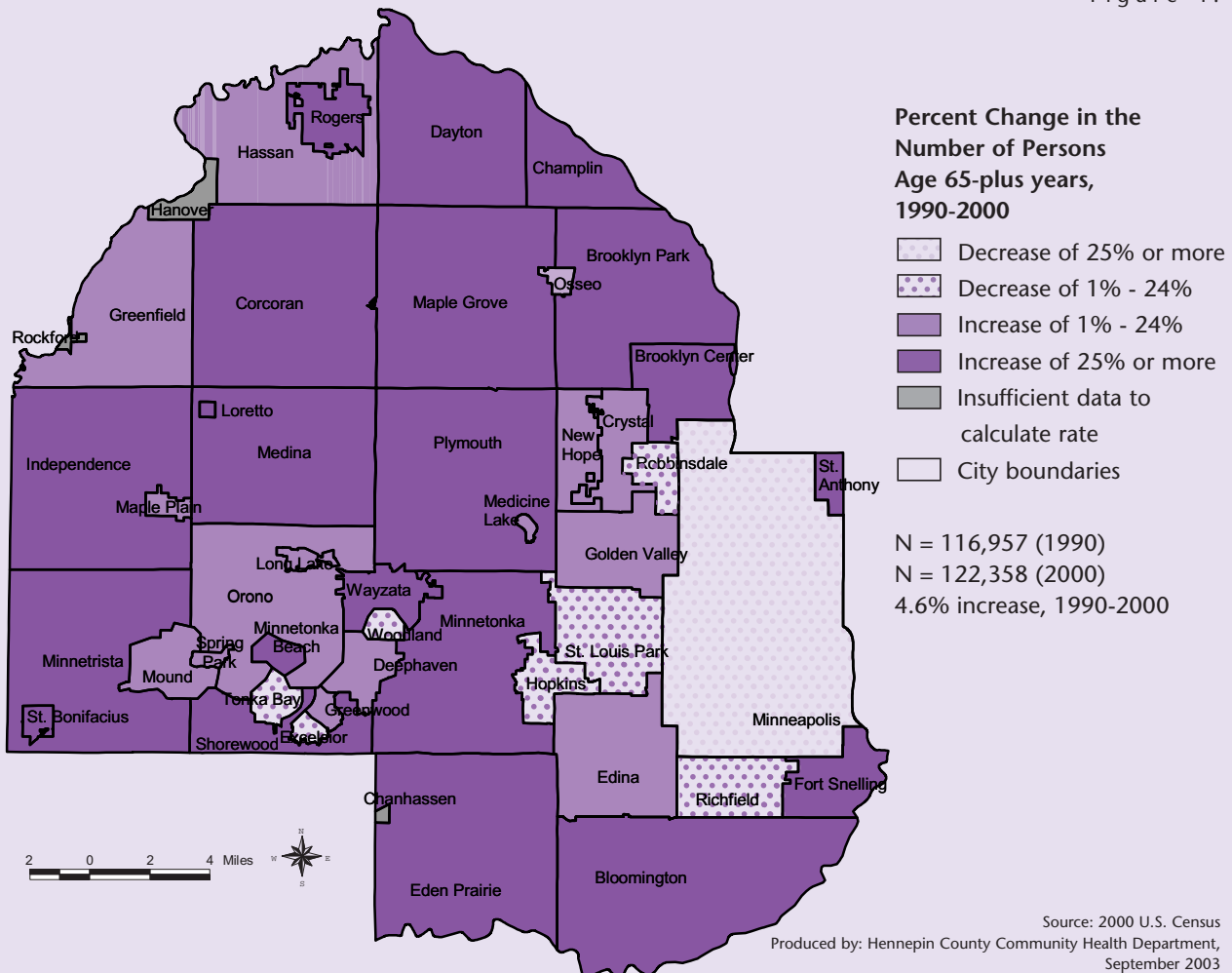
- Between 1990 and 2000, the senior population in Hennepin County increased by approximately 5%.
- Between 1990 and 2000, senior populations decreased significantly in Minneapolis, St. Louis Park, Robbinsdale, Richfield and Hopkins, while they grew

significantly in Bloomington, Plymouth, Minnetonka, Brooklyn Park, Brooklyn Center, Edina, Maple Grove and Eden Prairie.

- Many of the communities that experienced senior population growth are among the fastest-growing communities for all age groups.

Percentage Change in the Number of Persons Age 65 Years and Over, 1990-2000, by City

Figure 4.

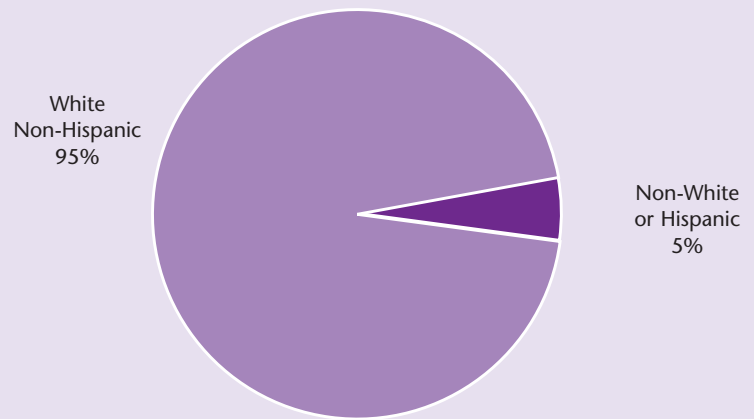


Racial/Ethnic Distribution

- Ninety-five percent of all seniors in Hennepin County are white.
- Seniors of color increased from 3% of the total population in 1990 (3,727) to 5% of the total population in 2000 (6,654).

Hennepin County Senior Population by Race/Ethnicity, 2000

Figure 5.



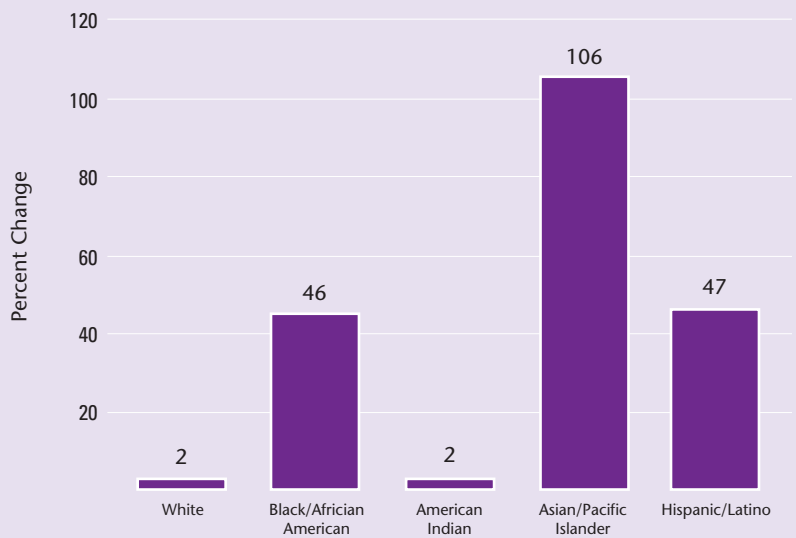
Source: U.S. Census 2000

Changes in Racial/Ethnic Distribution

- Seniors in every racial/ethnic group increased over the last decade.
- The number of Asian seniors grew from 985 in 1990 to 2,033 in 2000, a 106% increase. African-American seniors increased in number from 2,276 to 3,333 during the 1990s, a 46% increase, while the number of Hispanic/Latino seniors grew from 519 to 764, a 47% increase.
- More than 50% of the senior population increase in the last decade was among persons of color.

Hennepin County Senior Population Percent Change by Race/Ethnicity, 1990-2000

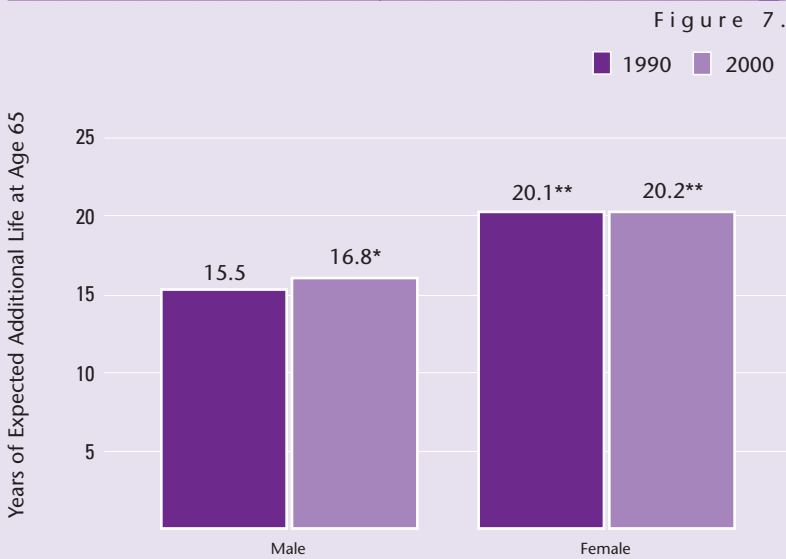
Figure 6.



Source: U.S. Census 2000

Demography

Hennepin County Life Expectancy at Age 65 Years



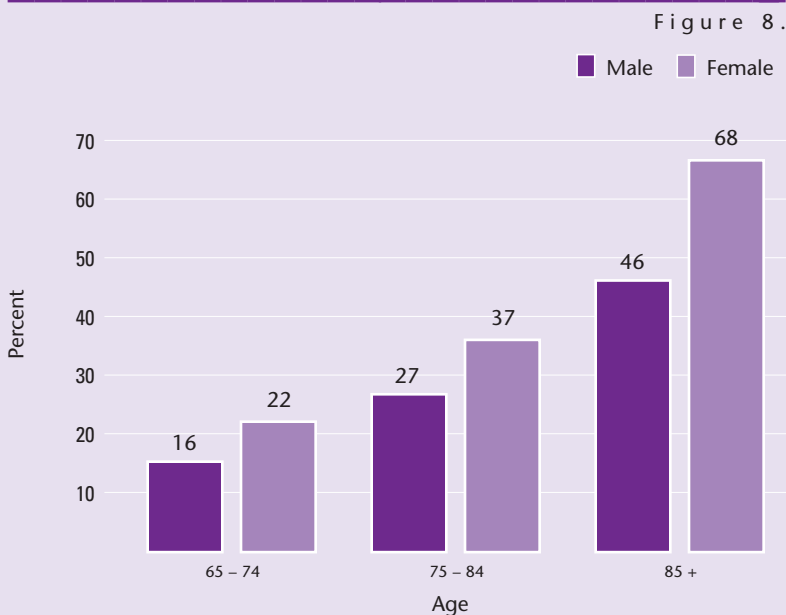
*Difference in additional years of life for males 1990-2000 is statistically significant.
 **Difference in additional years of life between genders in 1990 and 2000 is statistically significant.

Source: U.S. Census 2000

Life Expectancy

- A typical 65-year-old male resident of Hennepin County is expected to live another 17 years, while a typical 65-year-old Hennepin County female resident is expected to live another 20 years.
- Female life expectancy at age 65 continues to be significantly higher than male life expectancy.
- Since 1990, life expectancy of senior men in Hennepin County has significantly increased by 1.3 years, while life expectancy of senior females has remained relatively unchanged during the decade.

Hennepin County Seniors Living Alone by Gender, 2002



Source: U.S. Census 2000

Living Alone

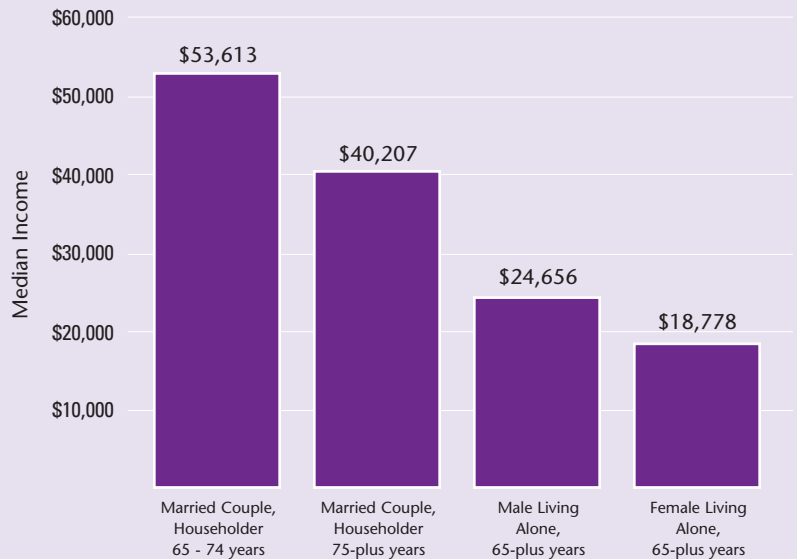
- Overall, nearly 30% of seniors in Hennepin County live alone.
- Women are more likely than men to live alone, primarily due to longer life expectancies.
- Older seniors are more likely than younger seniors to live alone.
- Two-thirds of women 85 years of age or older live alone.
- Seniors who live alone provide a good measure in gauging the immediate support available to all in this age group. The absence of this support may be detrimental in coping with health conditions.

Median Income by Living Arrangement

- Seniors who live alone have significantly lower median incomes than seniors who live with others.
- Since women generally live longer than men, a higher percentage of women live on one income. This results in a disproportionate share of senior women living in poverty.
- Lower median incomes for senior females living alone may be attributable to reduced survivor benefit amounts from Social Security and many pension plans.

Hennepin County Median Income of Seniors by Household Type, 1999

Figure 9.



Source: U.S. Census 2000

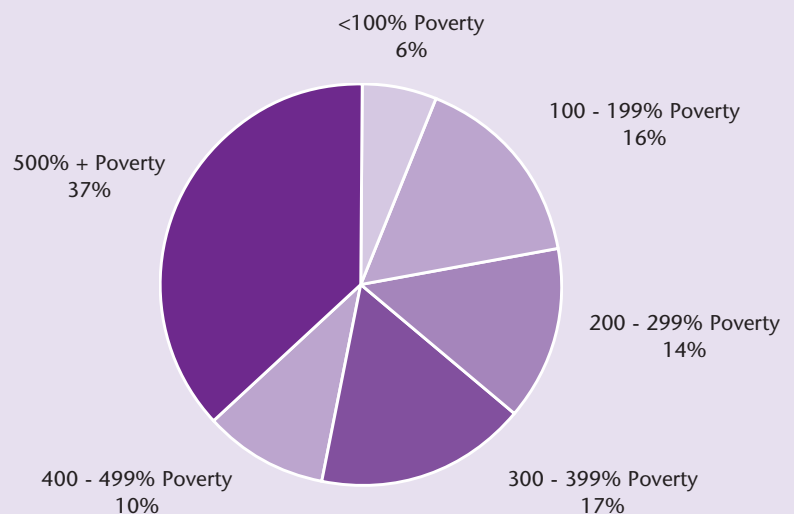
Poverty Status

- Six percent of Hennepin County seniors had incomes less than 100% of the 1999 FPL (annual income of \$7,990 for one person and \$10,075 for two).
- Conversely, nearly 47% of Hennepin County seniors had incomes above 400% of the FPL (\$31,960 for one person and \$40,300 for two).
- Low income has been shown to be a risk factor for poor health¹. In 1999, 22% of seniors in Hennepin County lived with household incomes at or below 200% of the 1999 FPL (annual income of \$15,980 for one person and \$20,150 for two).

¹Pamuk E, Makuc D et al. Socioeconomic Status and Health Chartbook: Health, United States, 1998. Hyattsville, Maryland: National Center for Health Statistics, 1998.

Household Income as a Percent of Federal Poverty Level, Hennepin County Seniors, 1999

Figure 10.



Source: U.S. Census 2000 – PUMS 1%

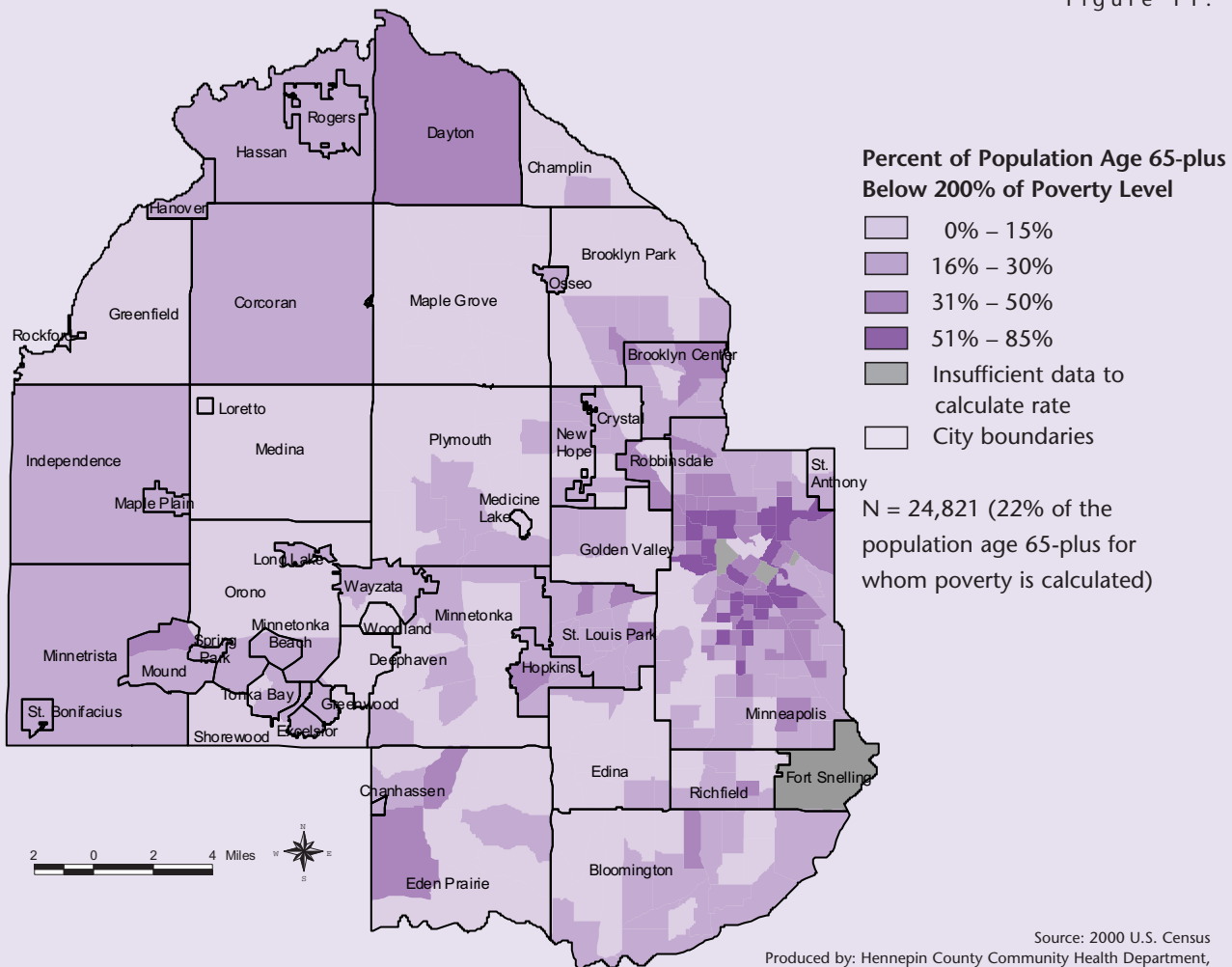
Demography

Geographic Distribution of Poverty

- The highest concentration of poor seniors is in Minneapolis and some inner-ring suburbs (New Hope, Robbinsdale, St. Louis Park, Hopkins, Richfield and Bloomington).

Percentage of Persons Aged 65 Years and Over Below 200% of the Poverty Level, 1999, by Census Tract

Figure 11.





Health and Functional Status



The ability of seniors to confront issues of advancing age is reflected in their ability to prosper individually and socially. Quality of life presents an important measure of well being among Hennepin County seniors. This section examines overall health status; physical and mental health status; limitations in activities of daily living (ADLs) such as eating, bathing, dressing and getting around their homes; and limitations in instrumental activities of daily living (IADLs) including household chores, conducting necessary business, shopping or getting around for other purposes.

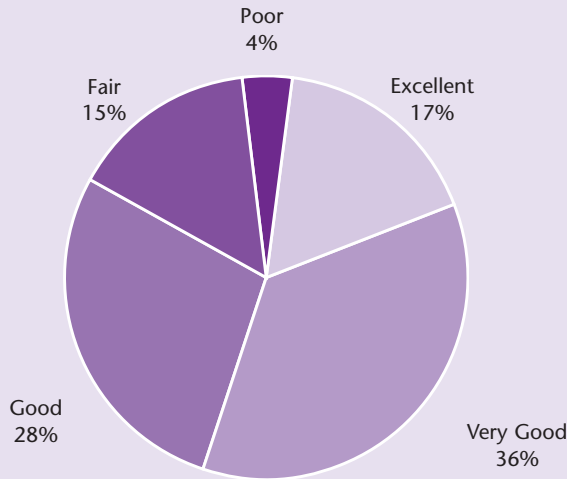
This information can be useful in answering questions such as:

- What is the overall health status of Hennepin County seniors?
- What is the physical or mental health status of Hennepin County seniors and how do they vary by age?
- How many seniors need assistance with activities of daily living?
- How many seniors need assistance with instrumental activities of daily living?
- How do variables like gender, age, and income affect seniors' ability to meet everyday needs?

Health and Functional Status

Self-rated Health Status for Hennepin County Seniors, 2002

Figure 12.



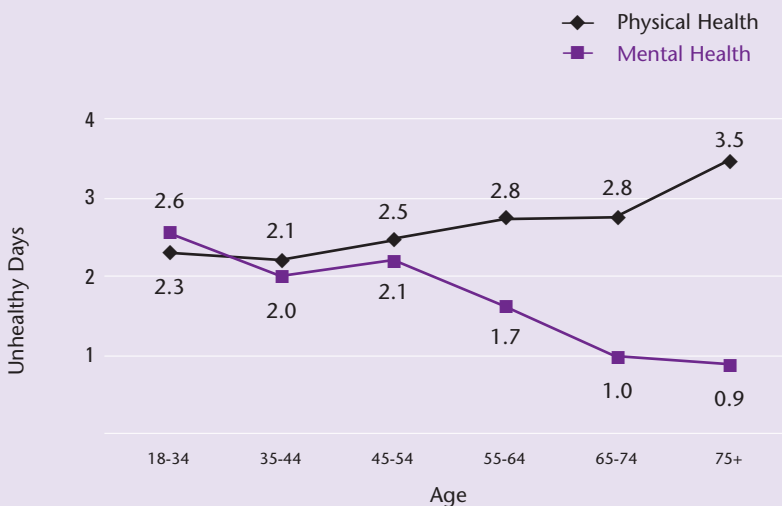
Source: SHAPE 2002

Self-rated Health Status

- More than 50% of Hennepin County seniors report their health status as very good or excellent, while less than 20% report their health status as fair or poor.
- Self-rated health status does not vary by age group; in other words, seniors 85 years and older report the same health status levels as seniors 65 to 84 years of age.

Average Number of Physically and Mentally Unhealthy Days During Past 30 Days by Age, 2002

Figure 13.



Source: SHAPE 2002

Unhealthy Days

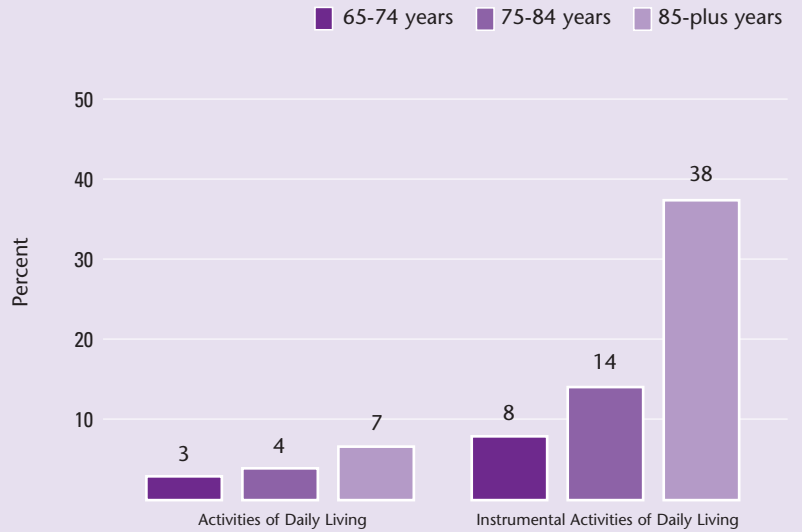
- Older residents experience a higher number of physically unhealthy days than younger residents.
- Conversely, younger residents experience a higher number of mentally unhealthy days than older residents.
- The most recent national data indicates that Hennepin County seniors average two fewer physically unhealthy days per month, and almost one fewer mentally unhealthy day per month, compared with seniors across the nation.

Activity Limitations

- Activities of Daily Living (ADLs) include day-to-day personal care needs such as eating, bathing, dressing and getting around the home. Four percent of Hennepin County seniors reported needing the assistance of another in performing ADLs.
- Instrumental Activities of Daily Living (IADLs) include routine needs such as household chores, necessary business, shopping or getting around for other purposes. Fourteen percent of seniors reported needing assistance in completing one or more of these activities.
- Gender, age and income are strongly correlated to IADLs:
 - Senior women are 2.8 times more likely than senior men to report needing assistance with IADLs.
 - Older seniors (85 and older) are 5.4 times more likely to report needing assistance performing one or more IADLs.
 - Seniors with incomes under 200% of poverty are 2.6 times more likely to report needing assistance with one or more IADLs.

Hennepin County Seniors Reporting Activity Limitations by Age and Type of Limitation, 2002

Figure 14.



Source: SHAPE 2002



Social Connectedness and Community Support



Social interaction in the community plays an important role in the process of aging. There is evidence that higher levels of social support are associated with lower morbidity and mortality among older persons. Opportunities to connect and contribute to the community are important factors in maintaining vitality. This section looks at various measures of social connectedness and community support.

This information is useful in answering questions such as:

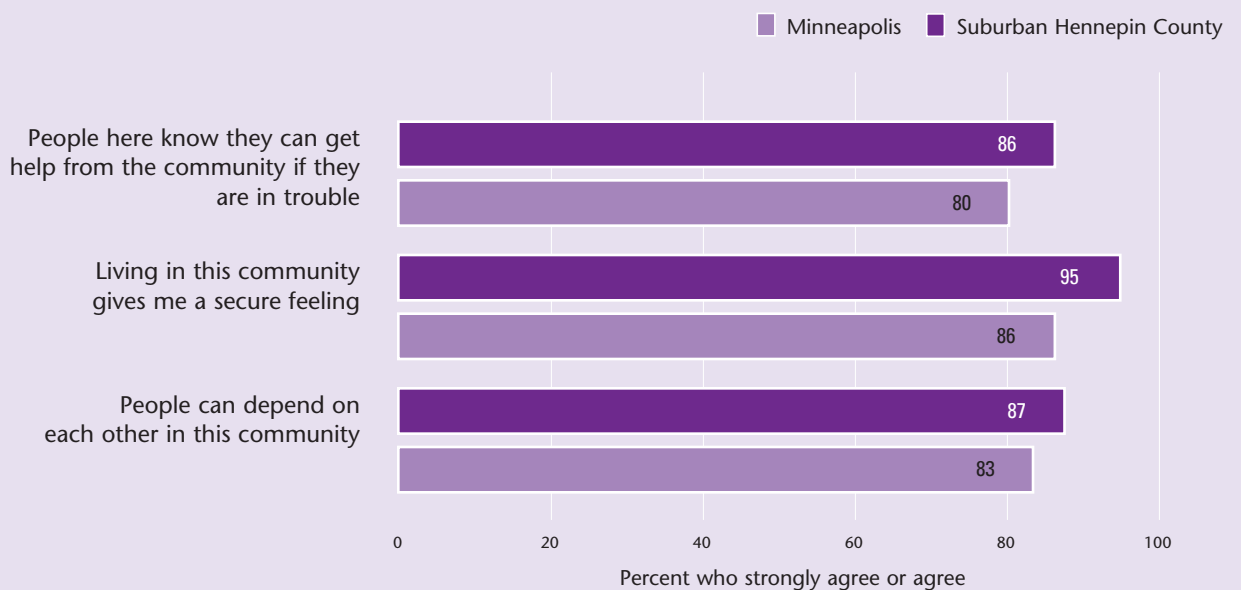
- How connected are seniors to their communities?
- Do seniors feel they can depend on their neighbors for help?
- Does living in their community give seniors a secure feeling?
- Are seniors actively involved in their communities?
- How often do seniors stay in touch with friends and neighbors?

Community Support

- The large majority of Hennepin County seniors:
 - Believe they can get help from their communities if they are in trouble
 - Get secure feelings by living in their communities
 - Know they can depend on their neighbors
- Suburban Hennepin County seniors generally have more positive views about their communities than do Minneapolis seniors.

Community Support Responses of Hennepin County Seniors by Geography, 2002

Figure 15.

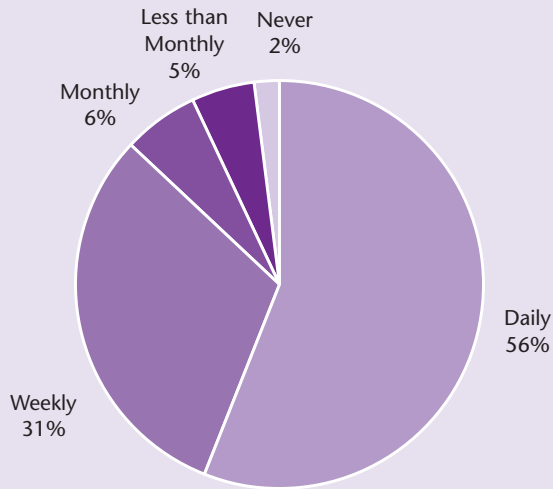


Source: SHAPE 2002

Social Connectedness and Community Support

How Often Do Seniors Get Together or Phone Friends or Neighbors, Hennepin County 2002

Figure 16.



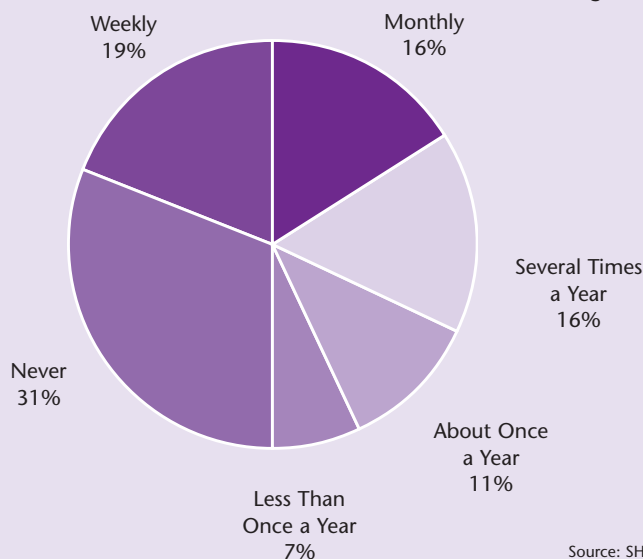
Source: SHAPE 2002

Social Connections

- More than 85% of Hennepin County seniors stay in regular contact (daily or weekly) with friends or family.
- Social isolation and loneliness are considered to be problems of growing older; the loss of personal relationships is often a forerunner to depression and other serious health problems.

How Often Are Seniors Involved in Any School, Community, or Neighborhood Activity, Hennepin County 2002

Figure 17.



Source: SHAPE 2002

Community Involvement

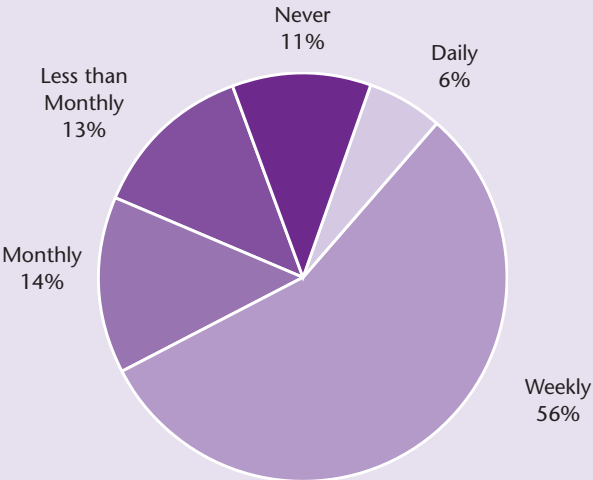
- Approximately one-third of Hennepin County seniors are regularly (monthly or weekly) involved with school, community and/or neighborhood activities.
- Seniors are less likely to be involved regularly with school, community and/or neighborhood activities than younger adults, and more likely to have no involvement in these activities.

Faith-based Involvement

- Over three-quarters of seniors stay involved with their place of worship – an important source of social interaction and support.

How Often Do Seniors Go to a Church, Temple, Synagogue or Other Place for Worship or Other Activities, Hennepin County 2002

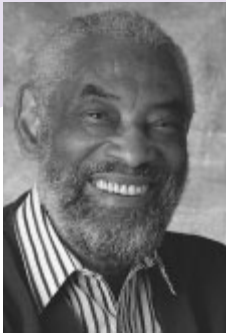
Figure 18.



Source: SHAPE 2002



Morbidity and Mortality



Morbidity (illness) and mortality (death) rates are commonly used measures of the health status of a population. This section reports on recent data collected as part of the Survey of the Health of Adults, the Population, and the Environment (SHAPE) that provide current estimates of the prevalence of chronic disease and injuries for seniors. Also included is an examination of hospital discharge data and death certificate data that provides measures of utilization as well as leading causes for hospitalizations and deaths.

This information can assist in answering questions such as:

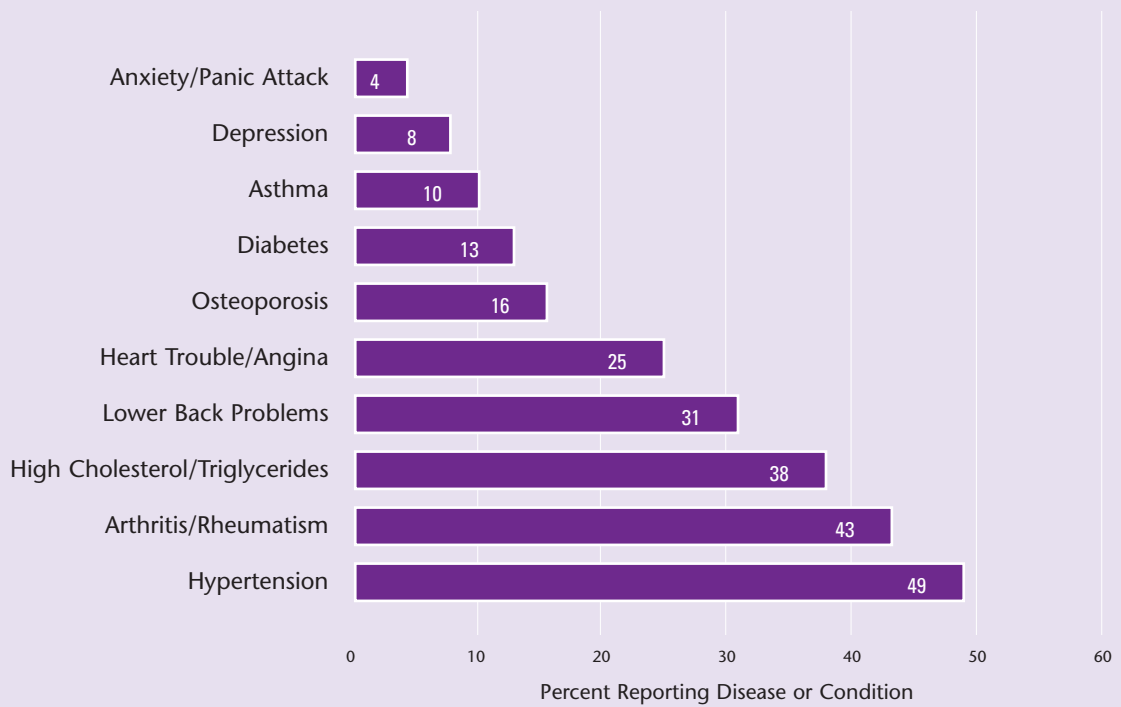
- What are the most common chronic conditions reported by Hennepin County seniors?
- Which diseases account for the most hospitalizations of Hennepin County seniors?
- How do heart disease and cancer discharge rates for Hennepin County seniors compare to state and national rates?
- How many seniors are injured by falls in the past year? As a result of falling, how many seniors are hospitalized?
- What are the leading causes of death for Hennepin County seniors? How do death rates compare to national rates over time?

Prevalence of Chronic Disease and Conditions

- The most common chronic conditions among seniors are hypertension, arthritis, high cholesterol, lower back problem and heart trouble.
- More than 90% of Hennepin seniors have at least one of these chronic conditions. The average senior has at least two of these conditions.
- Twenty-three percent of female seniors reported having osteoporosis compared with only 4% of male seniors.

Percent of Hennepin County Seniors Who Have Been Told They Have a Chronic Disease or Condition, 2002

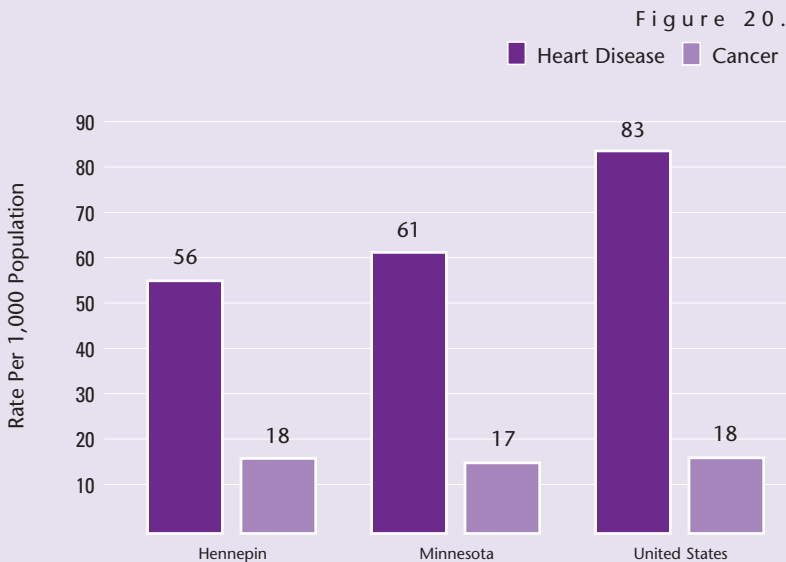
Figure 19.



Source: SHAPE 2002

Morbidity and Mortality

Heart Disease and Cancer Discharge Rates Among Seniors in Hennepin County, Minnesota, and U.S., 2001

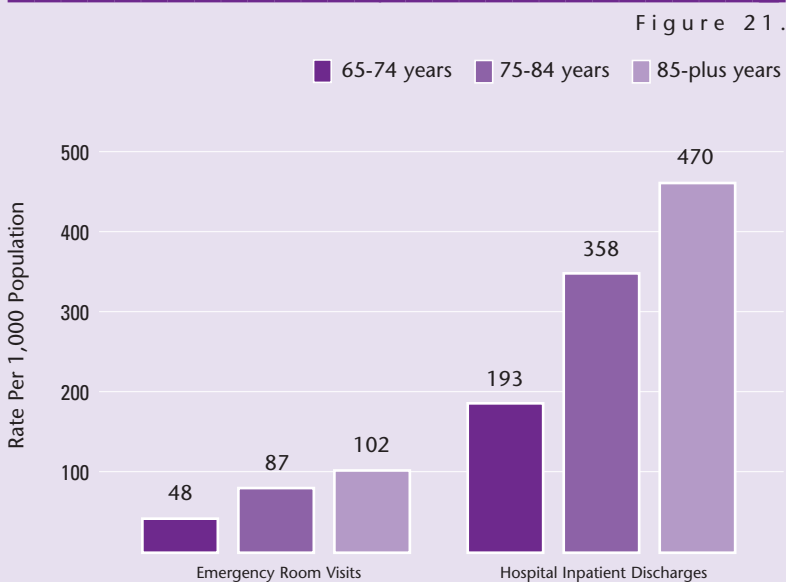


Source: Minnesota Hospital and Healthcare Partnership, 2001; U.S. Data: National Center for Health Statistics, 2000.

Hospital Discharge Rates for Heart Disease and Cancer

- The leading causes of hospitalization among seniors in Hennepin County are heart disease and cancer. These hospitalization rates are defined as the number of hospitalizations by seniors for a given condition per 1,000 seniors.
- Compared with seniors in the United States, Hennepin County seniors experience lower rates of hospitalization for heart disease.
- Hennepin County seniors have the same hospitalization rates for cancer diagnosis as other seniors in the state and nation.

Hospital Utilization Among Seniors in Hennepin County, 2001



Source: Minnesota Hospital and Healthcare Partnership, 2001

Hospital Utilization Rates

- Inpatient and outpatient utilization rates increase as seniors grow older.
- One out of every ten Hennepin County seniors, age 85 years and older, used hospital emergency rooms in 2001.
- Almost half of the very elderly residents (85-plus years) were hospitalized in 2001.

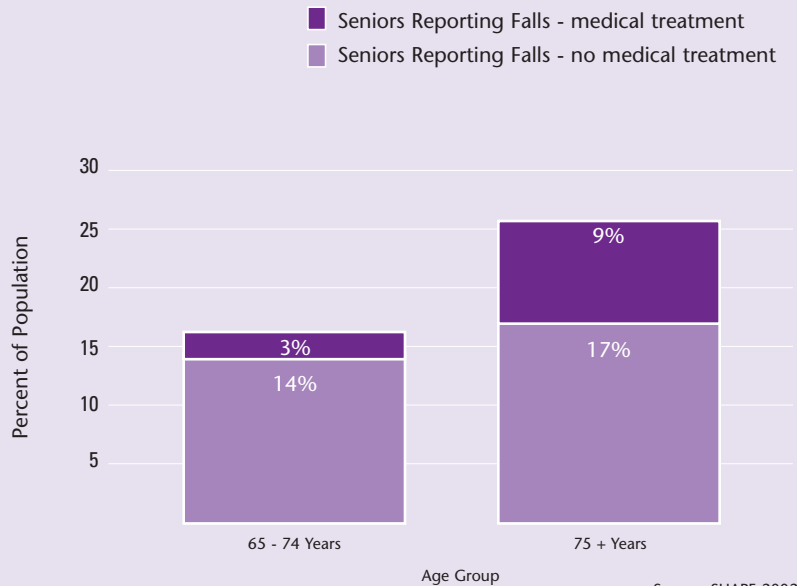
Falls and Injuries

- One out of five Hennepin County seniors report falling at least once in 2002, with one out of 20 requiring medical treatment as the result of a fall.
- Falls become more frequent and serious as seniors age. One in every four seniors age 75 and older report falling and one in 10 needed medical treatment.
- Falls account for 75% of injury-related hospital admissions.
- Sixty percent of seniors from the seven-county metropolitan area who were hospitalized for injuries were transferred to another facility for ongoing care.²

² Hospitalized Injury in Minnesota: Residents of the Seven-County Metropolitan Area Incidence, Outcomes and Causes, April 1997-March 1998. Minnesota Department of Health and the Minnesota Hospital and Healthcare Partnership. April 1999.

Falls Reported During the Past Year by Age Group, Hennepin County 2002

Figure 22.



Source: SHAPE 2002

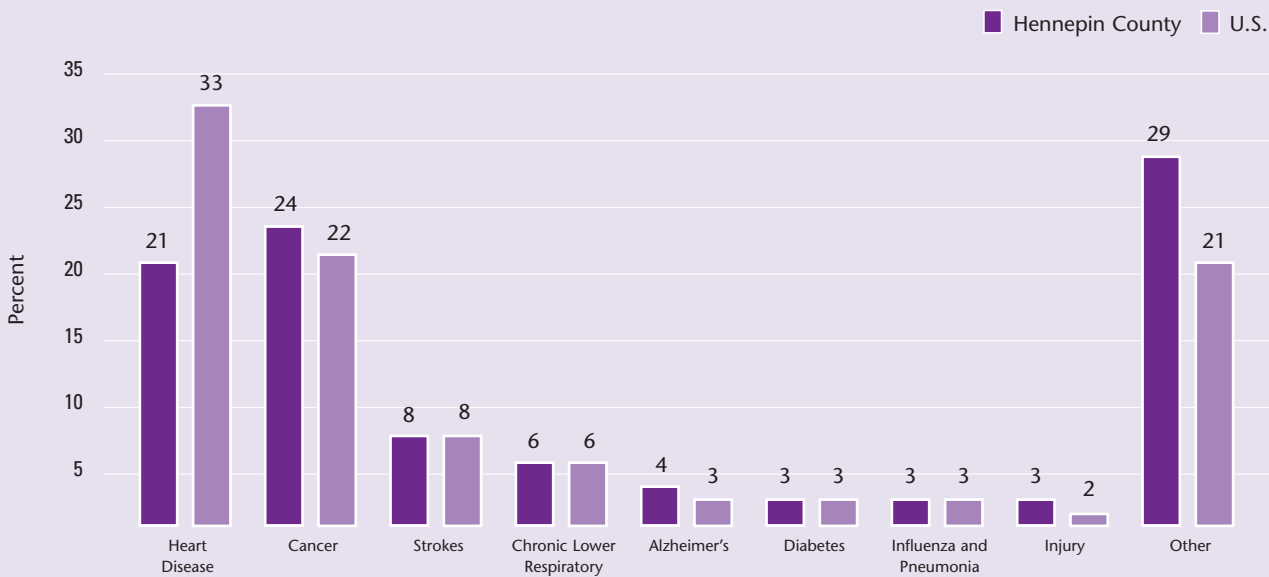
Morbidity and Mortality

Leading Causes of Death

- The leading causes of death for Hennepin County seniors in 2000 were heart disease; cancer; stroke; chronic lower respiratory illness; diabetes; influenza and pneumonia; injury; and Alzheimer's. These causes accounted for 71% of senior deaths.
- The leading causes of death are the same for seniors nationally. However, in Hennepin County, deaths from heart disease accounted for 21% of the total deaths, compared with 33% nationally.

Leading Causes of Death for Seniors, Hennepin County and United States, 2000

Figure 23.



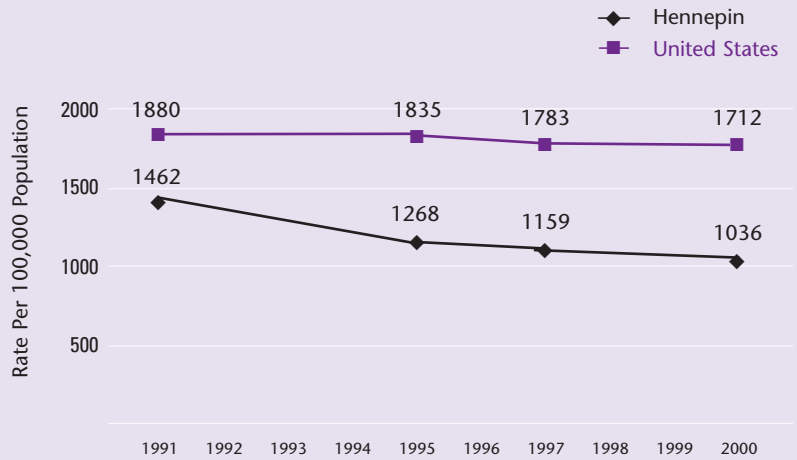
Source: National Center for Health Statistics data. Hennepin: Minnesota Center for Health Statistics

Heart Disease Deaths

- Heart disease mortality among seniors has been declining locally and nationally throughout the 1990s. Between 1990 and 2000, the Hennepin County rate declined by 29%. These rates are defined as the number of senior deaths from heart disease per 100,000 seniors per year.
- The senior heart disease mortality rate is much lower in Hennepin County than for the nation.

Heart Disease Mortality Rate for Seniors, Hennepin County and United States

Figure 24.



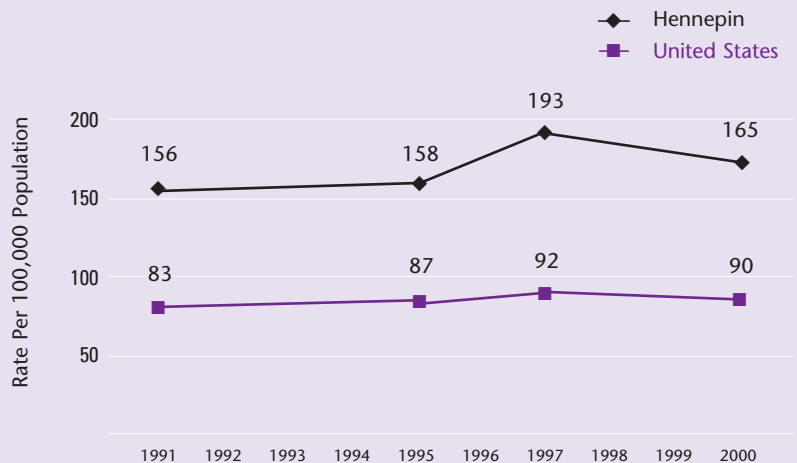
Source: National Center for Health Statistics data. Hennepin: Minnesota Center for Health Statistics

Injury Deaths

- In the past decade, the injury mortality rate for seniors locally and nationally has changed very little.
- The injury mortality rate in Hennepin County is nearly two times higher than the rate for the nation.

Injury Mortality Rate for Seniors, Hennepin County and United States

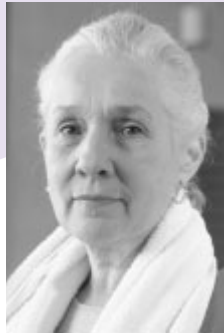
Figure 25.



Source: National Center for Health Statistics data. Hennepin: Minnesota Center for Health Statistics



Lifestyle and Risk Behaviors



Behaviors and lifestyle choices have a great impact on our health. They influence our quality of life and the prevalence and impact of chronic conditions. This section examines the health behaviors that have proven to have the greatest impact on health: body weight, physical activity, nutrition, tobacco use and seat-belt use.

This information can be useful in answering questions such as:

- How many Hennepin County seniors practice healthy behaviors and lifestyles?
- How do the lifestyle practices of Hennepin County seniors compare to national objectives for healthy living?
- Where should health promotion efforts be focused to improve the lifestyle choices of seniors in Hennepin County?

Lifestyle and Risk Behaviors

- National Healthy People 2010 goals for reducing behavior risk factors were met for smoking and are close for seat-belt usage and fruit consumption by seniors in Hennepin County.
- Only 43% of Hennepin County seniors have a normal body weight, 55% are overweight or obese and slightly less than 3% are underweight.
- Just over one-third of seniors consume three or more vegetables per day, with at least one being the healthier dark green or orange varieties.

Seat-belt Use, Body Weight, Smoking and Nutrition Among Seniors, Hennepin County and Healthy People 2010 Objectives

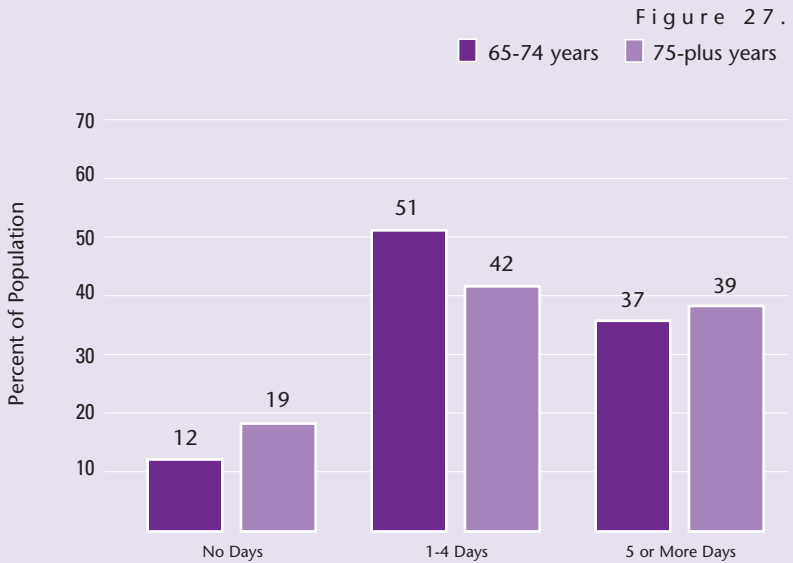
Figure 26.

Risk Behavior	Hennepin County Seniors 2002	Healthy People 2010 Objectives
Always wear seat belt	87%	92% or more
Normal body weight (Body Mass Index (BMI) 18.5–24.9)	43%	60% or more
Non-smoker	93%	88% or more
Eat 2 or more servings of fruit per day	73%	75% or more
Eat 3 or more servings of vegetables per day with one dark-green/orange	35%	50% or more

Source: SHAPE 2002; Healthy People 2010

Lifestyle and Risk Behaviors

Days of Moderate Physical Activity (30 minutes or longer) per Week Among Hennepin County Adults by Age Group, 2002



Physical Activity

- Examples of moderate physical activity include walking, swimming and bicycling.
- Almost 40% of seniors are doing the recommended amount of moderate physical activity each week.
- A higher percentage of seniors report no moderate physical activity in a given week than do younger adults.
- Almost half (49%) of the seniors reporting no moderate activity indicate that an illness or disability prevent them from exercising.



Utilization of Healthcare Services



Utilization of appropriate healthcare systems plays a major role in prevention, diagnosis and treatment of health problems. This section examines senior use of preventive services, their ability to pay for prescription drugs and their use of medical care.

Some of the questions this section helps to answer are:

- Which healthcare services are seniors using?
- How does the use of preventive services by Hennepin County seniors compare to national expectations?
- How many seniors are utilizing complementary or alternative medical services?
- How many seniors are having difficulty paying for prescription medications?

Utilization of Healthcare Services

Preventive Services Utilization

- Hennepin County seniors are accessing preventive services on a regular basis and in some instances, exceeding Healthy People 2010 objectives.

Preventive Services Utilization Among Seniors, Hennepin County and Healthy People 2010 Objectives

Figure 28.

Screening	Hennepin County Seniors 2002	Healthy People 2010 Objectives
Mammogram within past 2 years	88%	70%
Prostate cancer screening test or counseling	91%	—
Colorectal cancer screening test within past 2 years	44%	50%
Cholesterol test within past 5 years	94%	80%
Influenza vaccine in past year	80%	90%

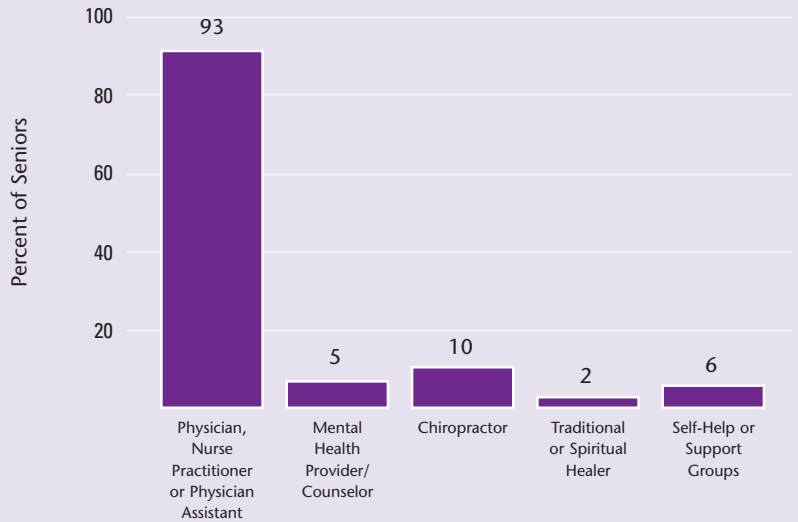
Source: SHAPE 2002; Healthy People 2010

Traditional and Alternative Health Services Utilization

- Nineteen out of 20 (93%) seniors received services from a medical professional in the past year.
- One out of 20 (5%) seniors received the services of a mental health provider.

Percentage of Hennepin County Seniors Who Have Seen Health Practitioners During Past 12 Months, 2002

Figure 29.



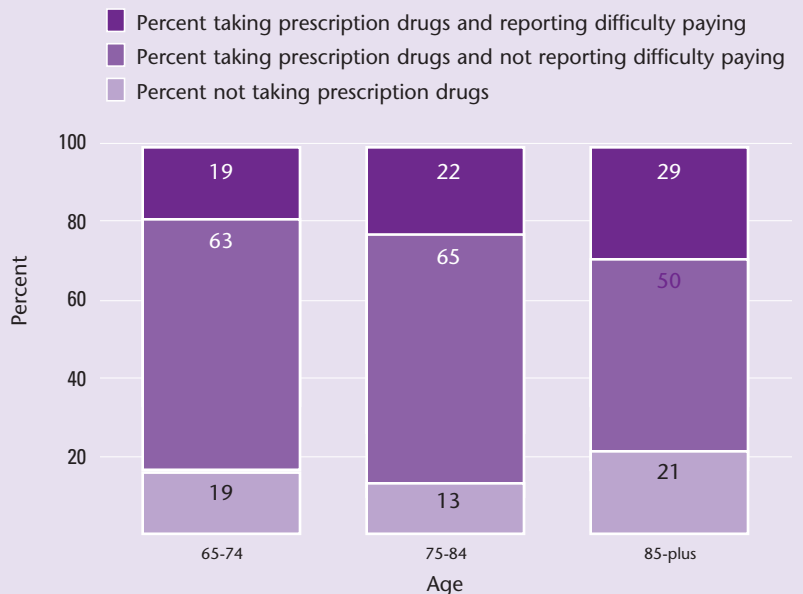
Source: U.S. Census 2000

Use of Prescription Medications

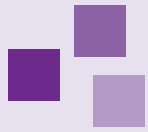
- More than 80% of Hennepin County seniors report taking prescription medications on a regular basis.
- 20 to 30% of Hennepin County seniors report difficulty paying for prescription medications.

Hennepin County Seniors Prescription Medications, 2002

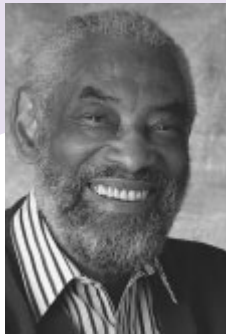
Figure 30.



Source: U.S. Census 2000



Long-term Care



Options for care in later life have expanded beyond the nursing home. Many system changes have emphasized choice and the ability to stay home versus relocating to institutional care. Staying home and receiving home care is the preferred living arrangement of seniors needing assistance.

This section examines the subject of long-term care. Questions raised include:

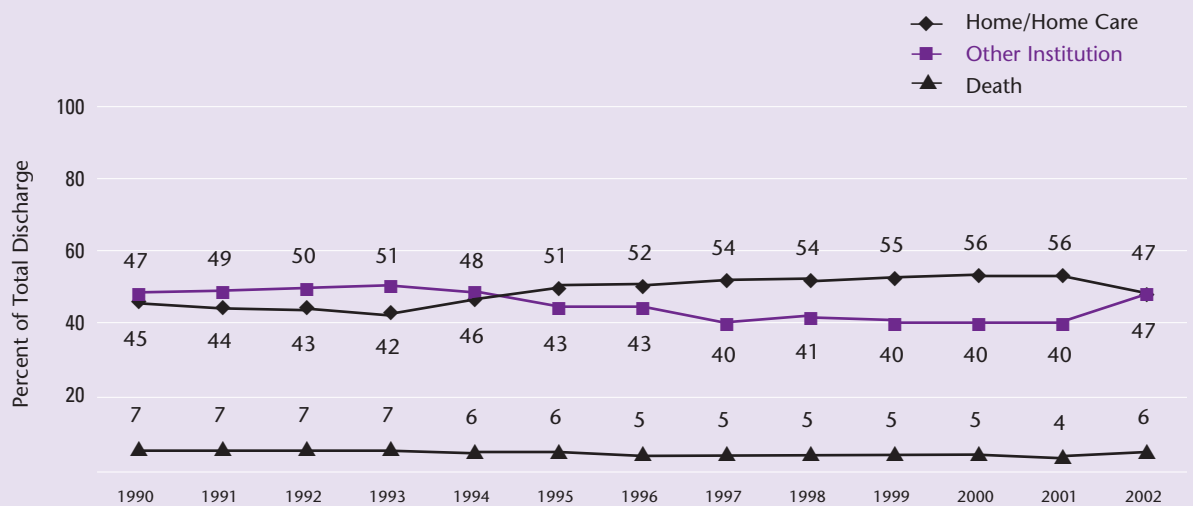
- Where are seniors discharged after hospitalization?
- How have nursing-home utilization rates changed over time?
- How fast are alternative options being developed and utilized?

Hospital Discharge Dispositions

- Between 1994 and 2001, hospital discharges to home or home care have outpaced discharges to nursing home and other institutions for the very elderly population.
- In recent years, a shift in this trend has occurred as more patients are being discharged to sub-acute transitional housing before returning to their homes.

Hospital Discharge Disposition as a Percent of Total Discharges for Hennepin County Seniors Age 85 Years or Older, 1990 - 2002

Figure 31.

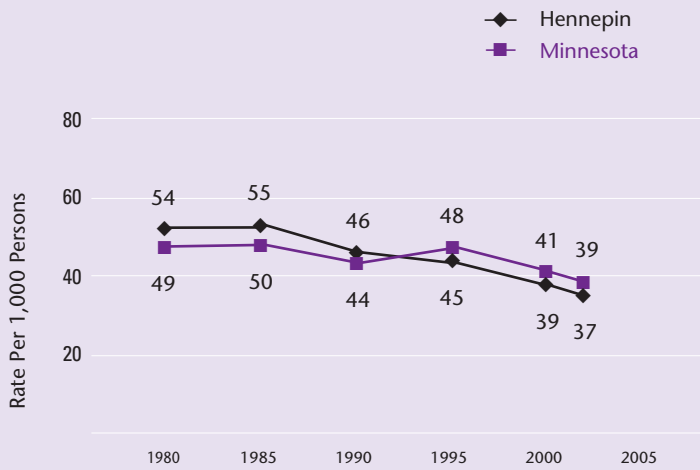


Source: Minnesota Hospital and Healthcare Partnership, 2003

Long-term Care

Medicaid Nursing Facility Recipient Rates Per 1,000 Population Age 65 and Over, Hennepin County and Minnesota

Figure 32.



Source: Minnesota Department of Human Services

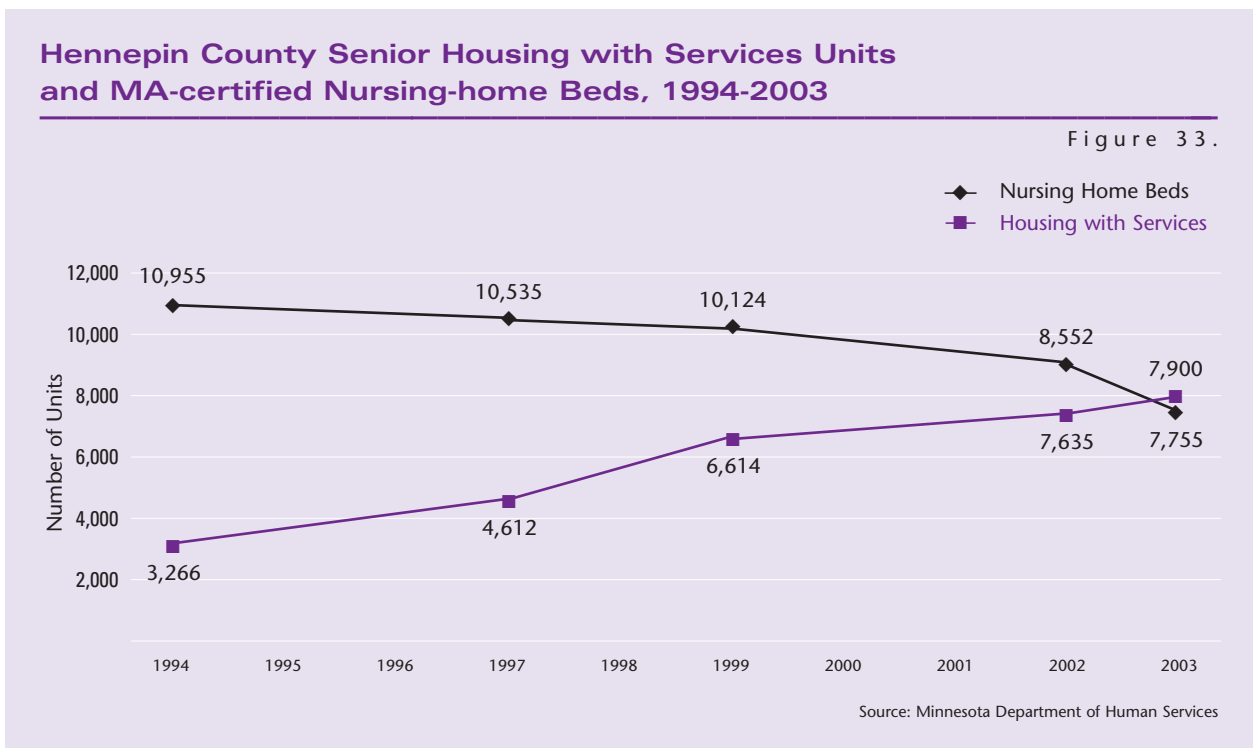
Medicaid Nursing Facility Recipient Rate

- Since 1985, the rate of seniors age 65 and older receiving Medical Assistance and living in a nursing home has decreased steadily in Hennepin County and statewide.
- Hennepin County ranked 69 out of 87 counties in the nursing-home recipient rate in 2001. This low ranking is probably because seniors are a smaller percentage of the overall population in Hennepin County than in other Minnesota counties, and the proportion of seniors in poverty is also lower in Hennepin County.

Senior Housing with Services

- These data support the trend of increased utilization of alternative housing options and decreased reliance on nursing homes for care in later life.
- System changes aimed at reducing our reliance on nursing homes and increasing community options have been largely successful. The number of

nursing home beds in Hennepin decreased by almost 30% in the last decade, while the number of housing units with services increased by 140% during the same period.



Long-term Care

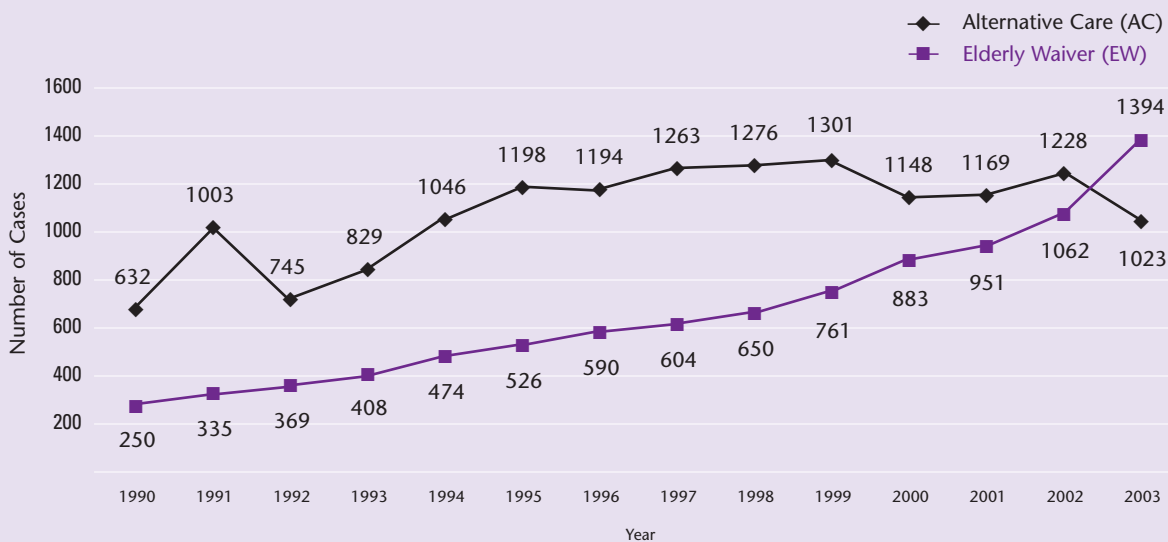
Alternative Care and Elderly Waiver

- The Alternative Care and Elderly Waiver programs help seniors pay for homecare services, so they can continue to live independently in their communities.
- In Hennepin County, the Elderly Waiver caseload has increased annually since 1990.

- The Alternative Care program in Hennepin County had an average caseload of about 1,200 from 1995 until 2002, but has recently declined due to a budget freeze and recent legislative changes to the program.

Hennepin County Alternative Care (AC) and Elderly Waiver (EW) July Caseload, 1990 - 2003

Figure 34.



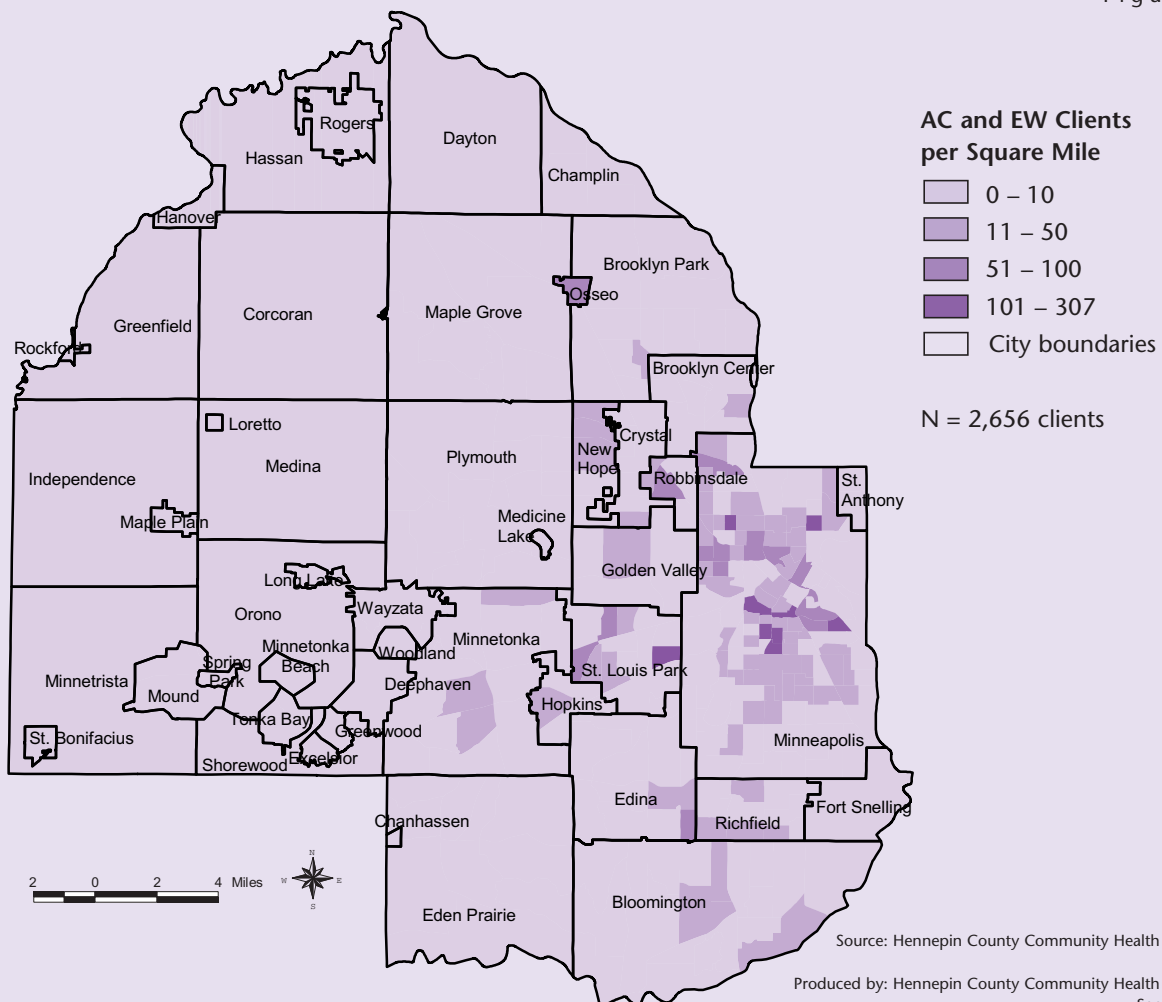
Source: Hennepin County Community Health Department

Geographic Distribution of AC/EW Clients

- The highest concentrations of AC/EW clients reside in the Powderhorn, Phillips, Near North, Northeast, and Longfellow communities in Minneapolis, and in the first-ring suburbs of Minneapolis.

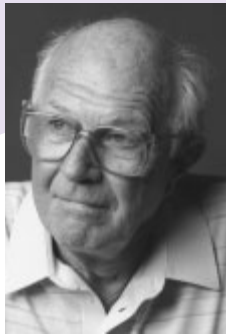
Alternative Care (AC) and Elderly Waiver (EW) Clients Per Square Mile, March 1, 2002 through March 1, 2003, by Census Tract

Figure 35.





Primary Data Sources and Technical Notes



PRIMARY DATA SOURCES

Survey of the Health of Adults, the Population and the Environment (SHAPE)

Much of the data in this report comes from the SHAPE project. In 1998 and 2002, the Hennepin County Community Health Department, the Minneapolis Department of Health and Family Support and the Bloomington Division of Public Health conducted SHAPE. SHAPE 2002 used a random telephone survey to gather data about respondent demographics, perceptions about community characteristics, behavioral risks, chronic disease, and health service access and use. A total of 9,959 telephone and in-person interviews

were conducted with non-institutionalized adult residents of Hennepin County. This means seniors living in nursing homes were excluded from the survey. This survey is the first of its kind in Hennepin County, and future surveys are planned to track changes in the health of Hennepin County residents.

Behavioral Risk Factor Surveillance Survey (BRFSS)

The BRFSS is a nationally conducted telephone survey, which enables the Centers for Disease Control and Prevention, state health departments and other health agencies to monitor modifiable risk factors for chronic diseases and other causes of death. The Minnesota Department of Health (MDH) is one of the centers that participates in the BRFSS survey. For more information on the BRFSS, visit their national Web site at: www.cdc.gov/brfss/

Minnesota Hospital Association (MHA)

The MHA is currently collecting data from 105 hospitals in Minnesota. The number of patient claims included in this system represents approximately 90% of the total inpatient discharges in the state. MHA runs a series of reliability checks, and hospitals resubmit claims found to be in error. Data specific to Hennepin County are identified through ZIP codes from claims.

For more information on MHA, visit its Web site at: www.mnhospitals.org/

Death Events

Death certificates are the source documents for data on mortality in this report and are filed with the Section of Vital Statistics Registration with the MDH. Place of residence is recorded on the certificate, which makes it possible to identify Hennepin County residents as a subset of the state data. For more information from the MDH, visit its Web site at: www.health.state.mn.us

TECHNICAL NOTES

Body Mass Index

Body Mass Index (BMI) is a measure of a person's weight in relation to that person's height. BMI is computed by dividing a person's weight in kilograms by the square of that person's height in meters or by dividing a person's weight in pounds by the square of that person's height in inches and then multiplying the result by 703. BMI categories are: underweight (< 18.5), normal weight

(18.5 - 24.9), overweight (25.0 - 29.9), and obese (≥ 30).

Life Expectancies

Life expectancies were calculated using Chaing's abridged life table method.³ This method has been found to produce conservative local estimates of life expectancy. Three years of deaths were used to minimize the effects of periodic influences on mortality (flu epidemics, heat waves, etc). The 1990 and 2000 life expectancy tables use the Hennepin County age-specific population counted by the U.S. Census. To simplify calculations this method assumes a life expectancy for those age 85 years and over that is equivalent to the Minnesota 1990 population.

Population Estimate/Projection

The population figures for 1980, 1990 and 2000 are from the U.S. Census. Population projections for 2000 to 2030 were produced by the Minnesota Demographic Center using 2000 U.S. Census data. www.demographer.state.mn.us

Poverty

Federal poverty levels are prepared by the U.S. Department of Health and Human Services.

³Chiang Chin Long. Life Table and Mortality Analysis, World Health Organization, 1978.

If you have any questions about this report or would like more information, contact:

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If you would like additional copies of this report, please call Hennepin County Community Health Department at 612 348-3925.

This report, information on SHAPE 2002, and upcoming SHAPE 2002 reports can be accessed at our Web site at: www.HennepinCommunityHealth.org/SHAPE.

The Hennepin County Community Health Department will post any corrections and updates to this publication on the Web site at: www.HennepinCommunityHealth.org/SHAPE.

Please report suspected errors or misprints in this document to:

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Hennepin County Community Health Department

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HENNEPIN COUNTY
COMMUNITY HEALTH DEPARTMENT

