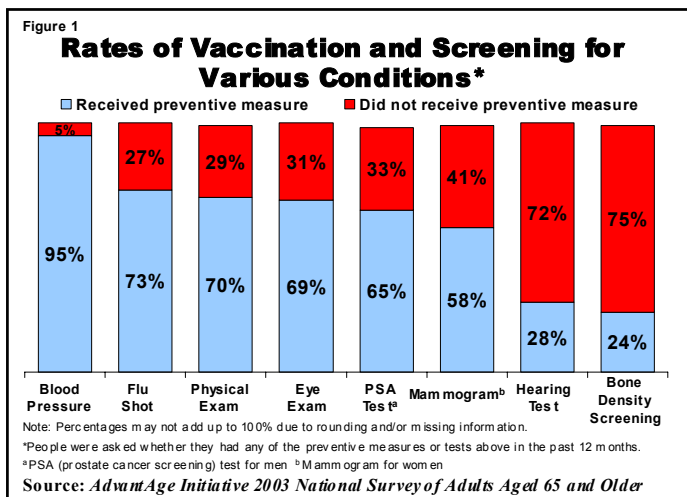


Staying Healthy, Living Longer: Gaps in Preventive Care Among Older Adults

FACT SHEET

March 2004



Detecting health problems early and providing immunizations against such diseases as pneumonia and influenza are part of a comprehensive health care strategy to help older people maintain or improve their health and quality of life. According to the *AdvantAge Initiative 2003 National Survey of Adults Aged 65 and Older*, however, a surprisingly large proportion of older adults have not had many of the Medicare covered preventive health services, such as mammograms, PSA tests for prostate cancer, and bone density screenings.

The survey also found that despite public awareness campaigns, full Medicare coverage for the flu vaccine, and the over 35,000 deaths from flu each year, more than one-quarter (27%), or **over nine million adults aged 65 and older in the U.S.**, did not get a flu shot in the year prior to the survey (Figure 1).

Older adults are living longer lives. The key is to make those extra years healthy ones. Preventive health care services and timely follow-up care can make an important contribution to the maintenance of health status, function, and well-being among the growing population of older Americans.

An elder-friendly community reaches out to older residents to raise their awareness about the benefits of preventive medical care and facilitates access to such care in the community.

MINORITY,¹ LOW-INCOME,² AND MEDICARE-ONLY ELDERS LEAST LIKELY TO GET PREVENTIVE CARE³

The AdvantAge survey found striking gaps in the receipt of preventive medical services among racial, income, and insurance coverage groups. For example, black elders, low-income elders, and people who are covered by Medicare-only, were least likely to get a flu shot in the past year (Figure 2). Despite coverage by Medicare,⁴ similar gaps can be seen with other preventive services, such as mammogram and prostate cancer screening (PSA). Lower income seniors and those covered by Medicare-only are least likely to have received these services (Table 1).

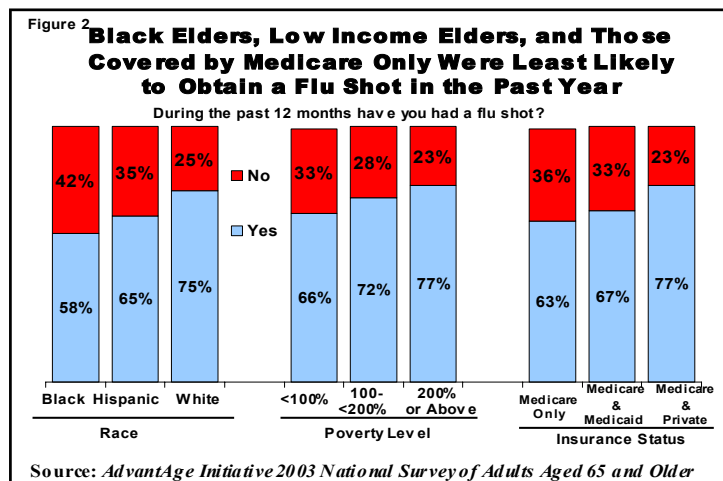


Table 1. Percentage of Adults Aged 65+ Who Received Selected Preventive Services, by Income and Insurance Status

Received services in the past year	Poverty Level			Insurance Status		
	<100%	100-200%	200% or above	Medicare Only	Medicare and Medicaid	Medicare and Private
Mammogram (women)	52%	50%	63%	42%	54%	61%
Prostate cancer screening (PSA) (men)	53	56	71	43	68	72

Source: *AdvantAge Initiative 2003 National Survey of Adults Aged 65 and Older*

¹The survey sample was categorized into four mutually exclusive race categories: White non-Hispanic, Black non-Hispanic, Hispanic, and Other. The category "Other" includes American Indian/Alaskan Native, Asian, Native Hawaiian/Other Pacific Islander, Mixed race, and Some other race. Due to the small number of respondents in the category "Other," separate analysis for this category is not performed. In all analyses, White means "White non-Hispanic" and Black means "Black non-Hispanic."

²The survey sample was categorized into three poverty levels: <100 percent of poverty, 100-200 percent of poverty, and 200 percent of poverty or above. The federal poverty measure is based on poverty guidelines issued each year in the Federal Register by the U.S. Department of Health and Human Services. According to the 2002 guidelines, a person in a one-person household was considered below 100% of poverty if his/her annual income was below \$8,860. In the survey, 14% of seniors were classified below 100 percent of poverty, 22% at 100 to less than 200 percent of poverty, 37% at or above 200 percent of poverty, and 27% in the category "poverty unknown" due to incomplete information on income.

³People were asked whether they had any of the following preventive measures or tests in the past 12 months: Complete physical exam; Blood pressure check; Hearing test; Eye exam; Flu shot; Mammogram (women only); PSA test for prostate cancer (men only); Bone density screening.

⁴Medicare covers a mammogram screening once every 12 months for all women with Medicare age 40 and older with a 20% co-pay. Prostate Specific Antigen (PSA) test is covered in full for all men with Medicare age 50 and older once every 12 months. See: *Your Medicare Benefits*. Available at: <http://www.medicare.gov/Publications/Pubs/pdf/10116.pdf>

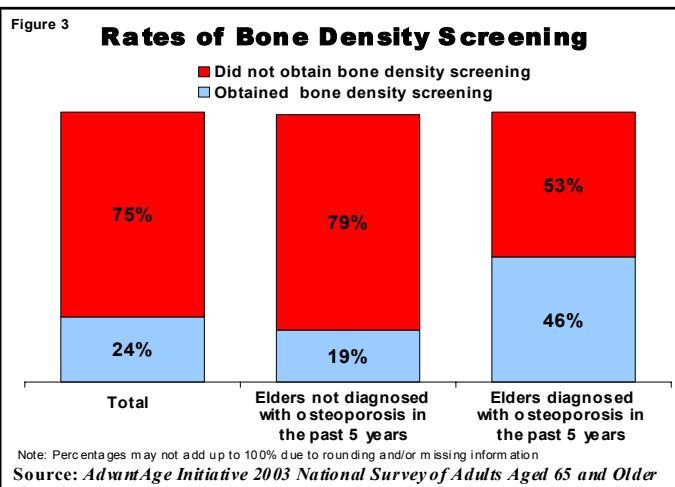


LOW RATES OF SCREENING FOR BONE DENSITY

The low rates of screening for bone mass density (BMD) are particularly surprising. Osteoporosis, a disease characterized by compromised bone strength, is an underlying cause of most fractures due to falls.⁵ Approximately 250,000 hip fractures occur each year among people over age 65,⁶ costing Medicare over \$5 billion in total claims.⁷ The costs in terms of pain, suffering, and recovery are enormous: half of older adults hospitalized for hip fractures cannot return home or live independently, and one quarter die within the first year after the fracture.⁸ Yet overall, only one of four (24%) older adults obtained a bone density screening.

Sixteen percent of elders in the survey sample, or **5.4 million adults aged 65 and older in the U.S.**, report having been diagnosed with osteoporosis in the past five years (not shown). Despite full Medicare coverage of BMD testing for people at risk or previously diagnosed with osteoporosis,⁹ more than half (53%) of those diagnosed did not receive a follow-up bone mass density screening in the past year (Figure 3).

Perhaps because women are generally at greater risk for osteoporosis and fractures than men,¹⁰ they are more likely to have received a bone density screening (33% women vs. 10% men, not shown). However, age-related osteoporosis in men is also a major health concern because nearly a third of hip fractures occur in men.¹¹



HEARING LOSS: A COMMON HEALTH PROBLEM, FREQUENTLY OVERLOOKED

Hearing loss is the third most prevalent chronic condition in older Americans, affecting eight to fourteen million people age 65 and older, and is strongly associated with depression and functional decline.¹² Yet as Figure 1 shows, 72% of older Americans did not get their hearing checked in the past year. The rates of screening for hearing impairment were similarly low across all racial and income groups (not shown). Medicare does not cover the cost of routine hearing exams or hearing aids.

The *AdvantAge Initiative 2003 National Survey of Adults Aged 65 and Older*, a random digit dial (RDD) telephone survey conducted by International Communications Research (ICR) from April 16, 2003, to June 22, 2003, consisted of 30 to 35 minute telephone interviews in English and Spanish with a nationally representative sample of non-institutionalized adults age 65 years and older. The study oversampled non-institutionalized African Americans and Latinos aged 65 and older, and adults aged 85 and older. The final data were weighted to the parameters of the adult population aged 65 and older using the U.S. Census Bureau's March 2002 Current Population Survey (CPS) to produce representative results for the 33,575,435 non-institutionalized adults aged 65 and older in the 48 contiguous states in the United States.

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For additional information contact the AdvantAge Initiative at: advantageinitiative@vnsny.org

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⁵Osteoporosis Prevention, Diagnosis, and Therapy. National Institutes of Health (NIH) Consensus Development Panel on Osteoporosis Prevention, Diagnosis, and Therapy. *JAMA*. 2001;285(6), 785-795.

⁶*Health Information for Older Adults*. National Center for Chronic Disease Prevention and Health Promotion. Department of Health and Human Services. Center for Disease Control and Prevention (CDC) available at: http://www.cdc.gov/aging/health_issues.htm

⁷Medicare Spending for Injured Elders: Are There Opportunities for Savings? CE Bishop, D Gilden, J Bloom et al. *Health Affairs*. 2002;21(6), 215-223.

⁸Healthy Aging: Preventing Disease and Improving Quality of Life Among Older Americans. 2003. Department of Health and Human Services. Centers for Disease Control and Prevention.

⁹Medicare covers bone mass measurements every two years or more frequently for those who are at risk or were previously diagnosed with osteoporosis. See: *Your Medicare Benefits*. Available at: <http://www.medicare.gov/Publications/Pubs/pdf/10116.pdf>

¹⁰Women are at greater risk for osteoporosis than men are because women's bones are less dense than men's bones. Lower body weight and no current use of estrogen also puts women at higher risk. The prevalence of reduced bone density in women increases dramatically with age, rising from approximately 55% for women ages 60-69 to nearly 90% for women aged 80 and older. *National Health and Nutrition Examination Survey (NHANES)*. Department of Health and Human Services. Centers for Disease Control and Prevention. National Center for Health Statistics. Also see: *Screening for Osteoporosis in Postmenopausal Women. What's New From the U.S. Preventive Services Task Force. An Overview of Recommendations*. AHRQ Publication No. APPI02-0025

¹¹Osteoporosis in Older Men. Kenny A, Taxel P. *Clinical Cornerstone*. 2000;2(6), 45-51.

¹²Hearing loss affects between 25% and 40% of adults aged 65 and older. The prevalence rises with age, ranging from 44% to 66% for those aged 75 and older, and to over 80% for those aged 85 and older. *Screening and Management of Adult Hearing Loss in Primary Care, Scientific Review*. Yueh B, Shapiro N, MacLean CH, Shekelle PG. *JAMA*. 2003;289(15), 1076-1085.

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