THE STATE OF AGING AND HEALTH IN PITTSBURGH AND ALLEGHENY COUNTY

May 2003

Prepared By

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With Support From

The National Institute on Aging (Research Grant 1 R01 AG18308-02, Myrna Silverman, PI)

and

Center for Minority Health
Department of Psychiatry
University of Pittsburgh Institute on Aging
University of Pittsburgh Medical Center



Overview

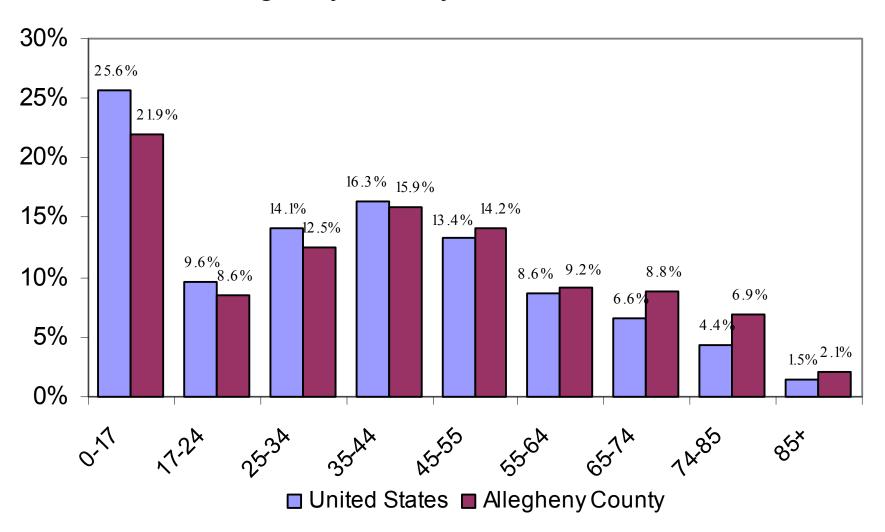
- Census and REMI Projections for Region
- Donald Musa: General Health Status, Health Insurance Coverage, Access, Healthy and Unhealthy Behaviors, Need for Senior Services
- Scott Beach: Disability, Caregiving, Service Use
- Richard Schulz: Trust and Complementary and Alternative Medicine (CAM) Use

Overview

 2000 Census Results and REMI-based Future Projections

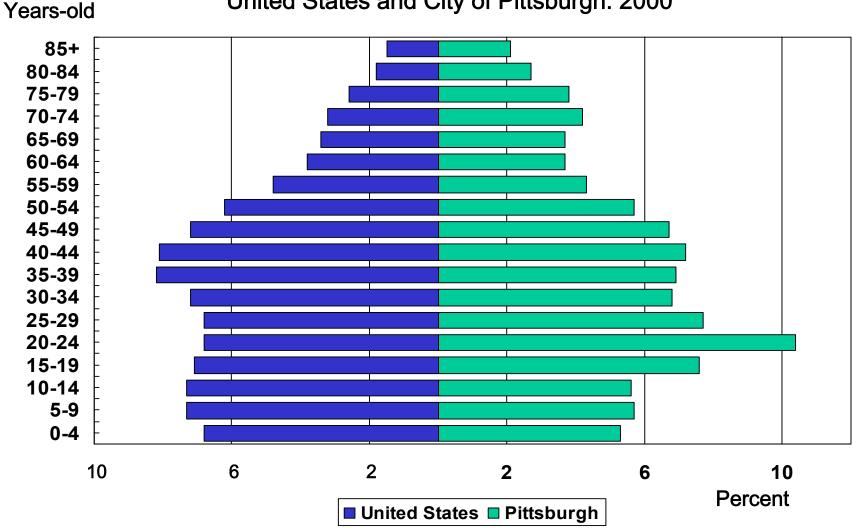
 2002 Survey of the Elderly in Allegheny County

Age Distribution of Population Allegheny County and US - 2000

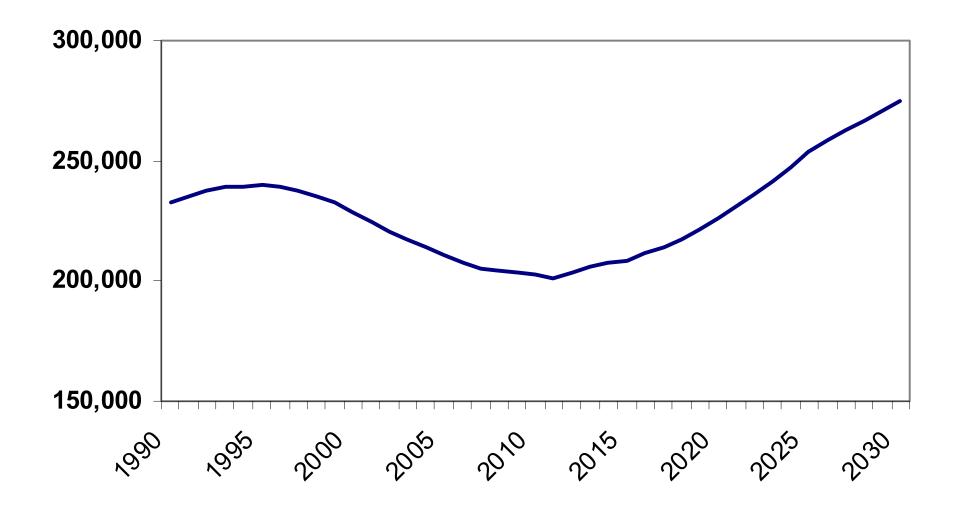


Population Distribution by Age Group

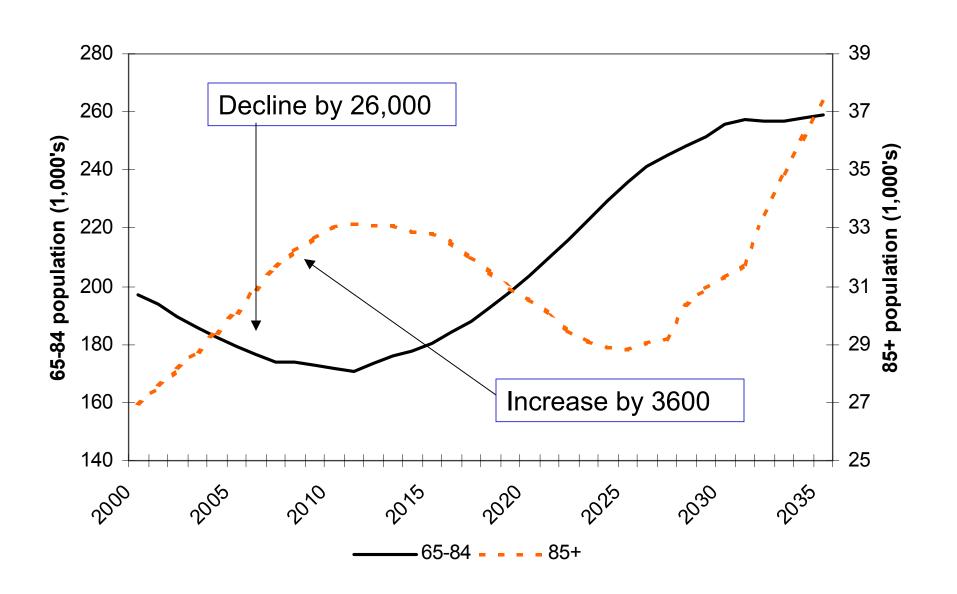
United States and City of Pittsburgh: 2000



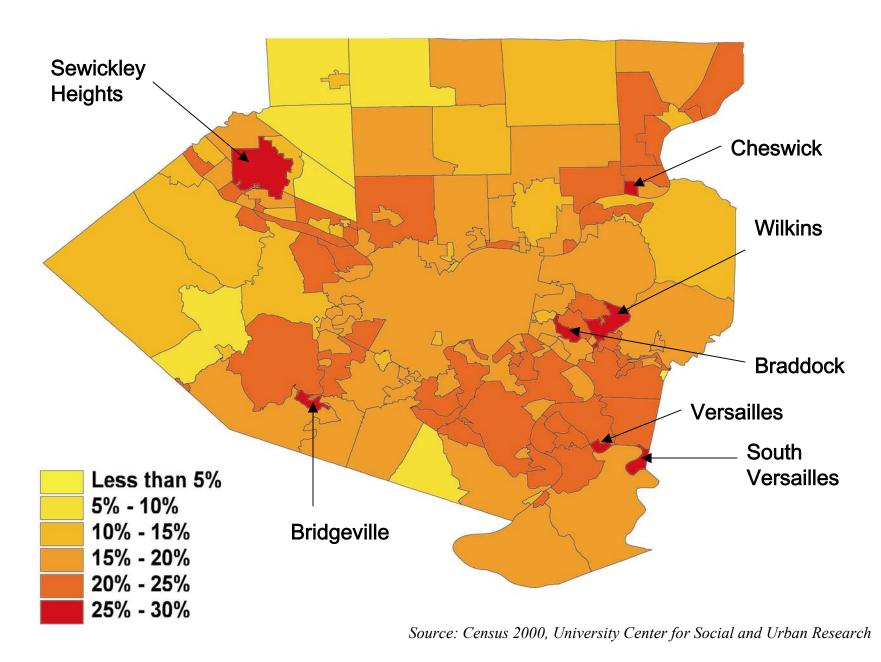
Projected Allegheny County Elderly (65+) Population: 1990-2035



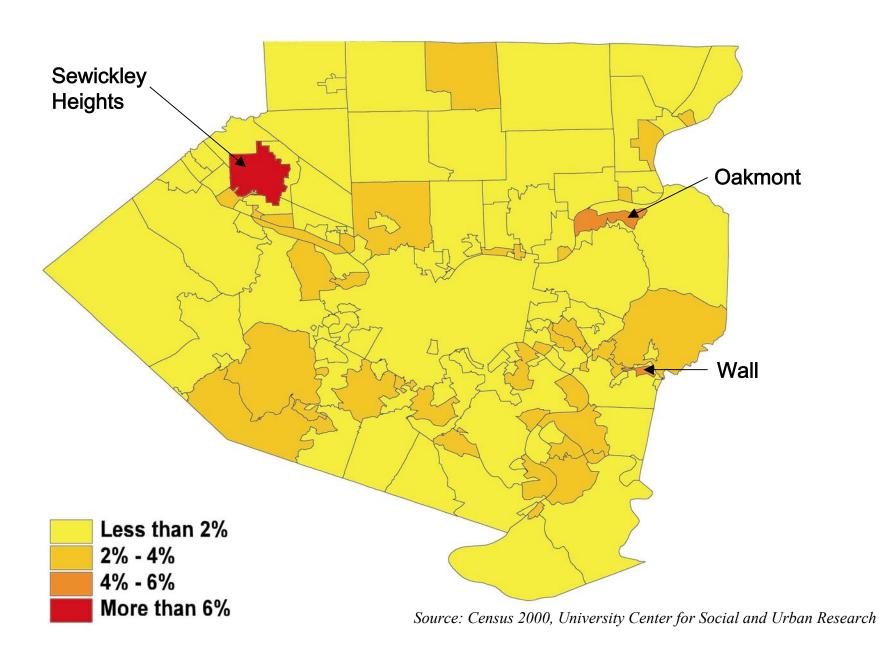
Elderly Population Forecast by Age Group 2000-2035 Allegheny County



Percentage of Population Age 65 and Over by Municipality - 2000

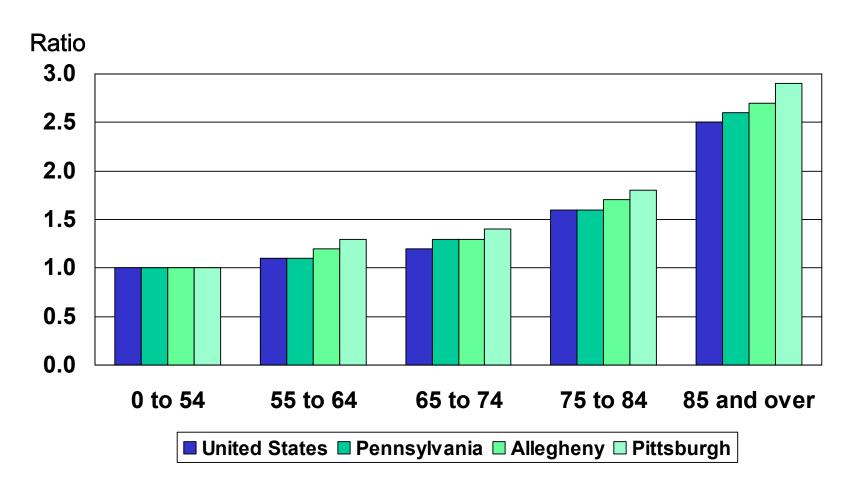


Percentage of Population Age 85 and Over by Municipality - 2000



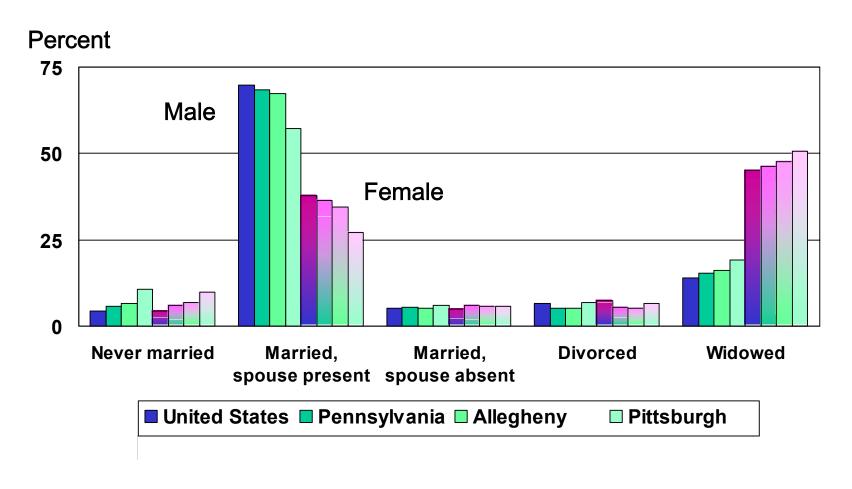
Ratio of Females to Males by Age

United States, Pennsylvania, Allegheny County and City of Pittsburgh: 2000

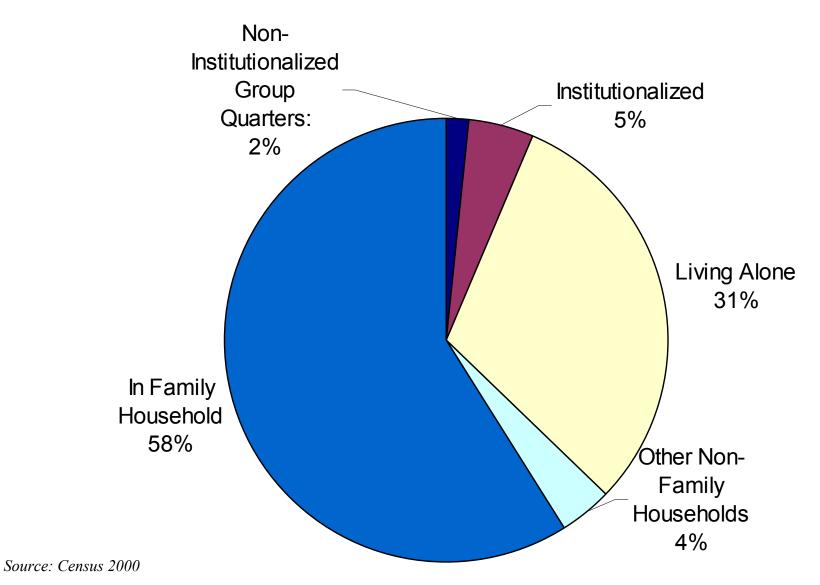


Marital Status of Persons Age 65 and Over by Sex

United States, Pennsylvania, Allegheny County and City of Pittsburgh: 2000



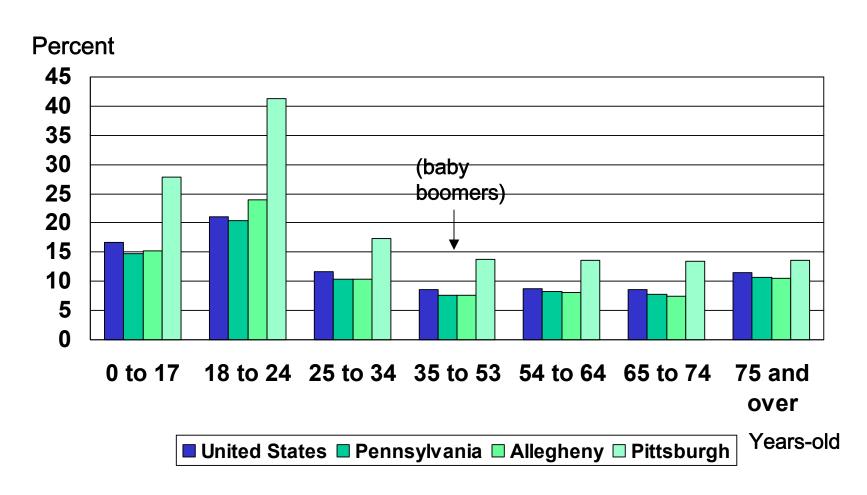
Elderly (65+) Population By Household Type Allegheny County - 2000



Economic Status of Elderly

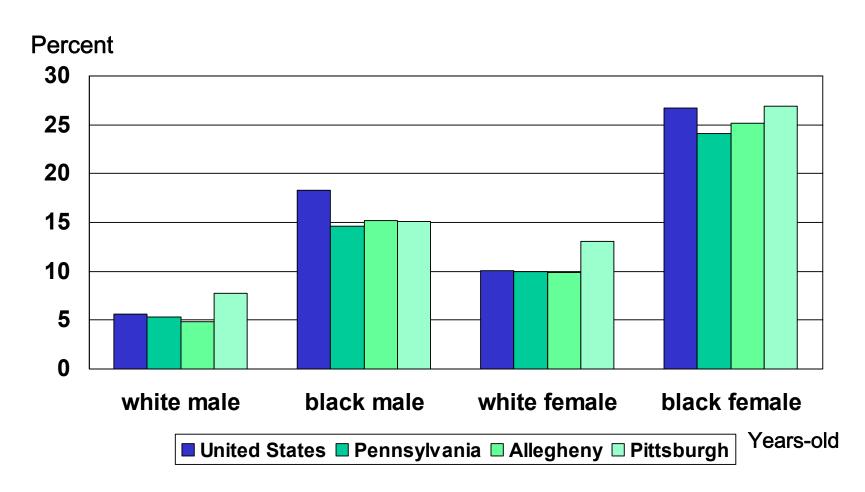
Poverty Rates by Age Group

United States, Pennsylvania, Allegheny County and City of Pittsburgh: 2000



Poverty Rates for Persons 65 and Over by Race and Sex

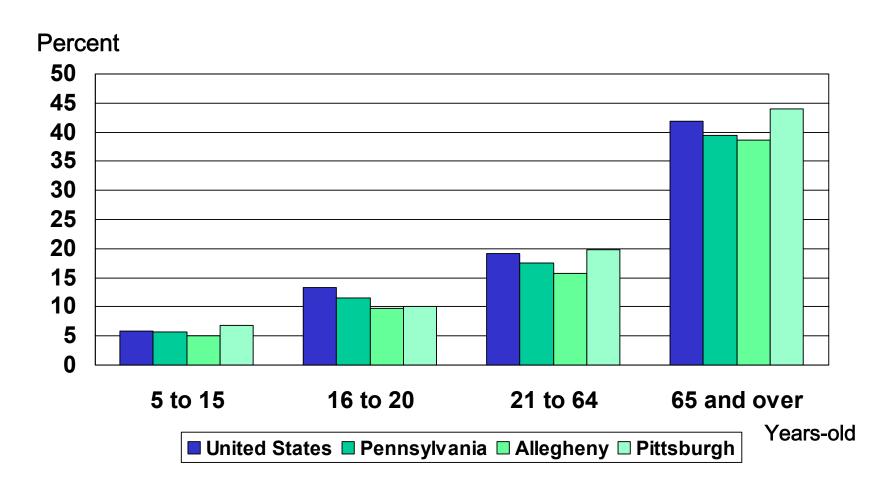
United States, Pennsylvania, Allegheny County and City of Pittsburgh: 2000



Health and Disability (Census Data)

Persons with One or More Disabilities by Age Group

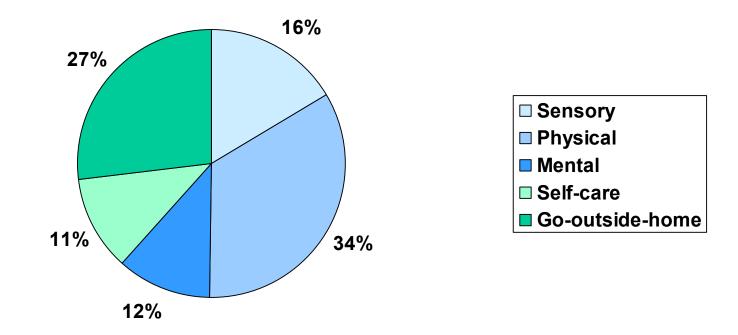
United States, Pennsylvania, Allegheny County and City of Pittsburgh: 2000



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Distribution of Total Disabilities by Type

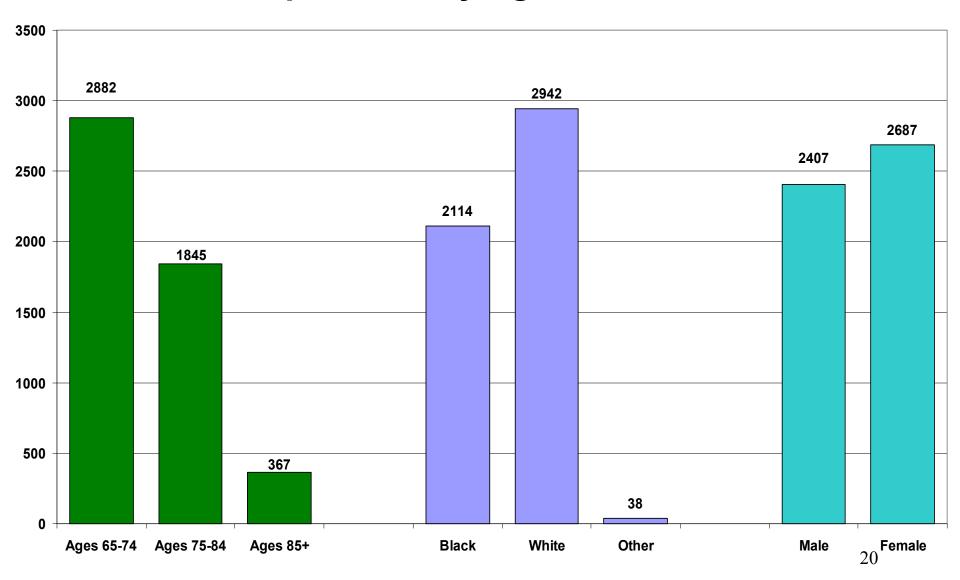
for Persons Age 65 and Over in Allegheny County: 2000



Allegheny County Survey Methods

- Carried out June 2001-May 2002
- 5094 community-dwelling older adults age 65 and older living in Allegheny County
- Random sample drawn from Medicate Enrollment File for Allegheny County (contains 96% of older adults)—phone interview
- Stratified by race and gender to ensure adequate numbers of AA and men and women
- All respondents received core battery; 1/3 each received focused modules (caregiving and AAA services; trust in health care and medical research, and complementary and alternative medicine use)

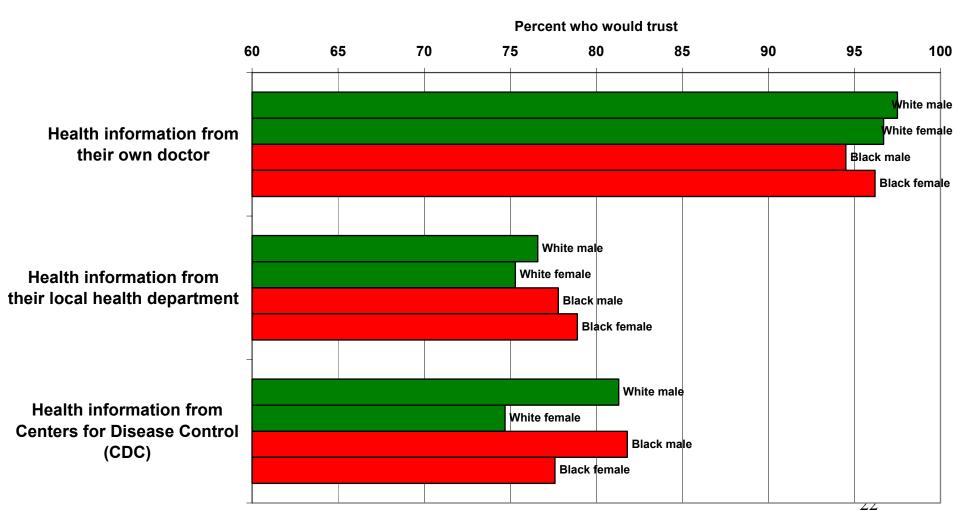
Survey of the Elderly in Allegheny County, 2002: Sample Sizes by Age, Race and Gender



Who do you trust?

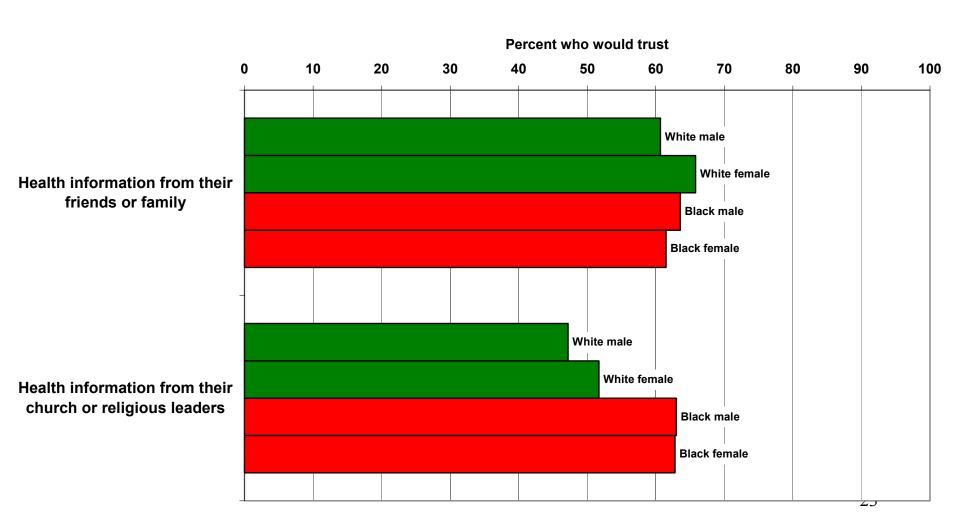
Trust in Health Information Sources - 1 by Race and Gender

Allegheny County Aged 65 & over



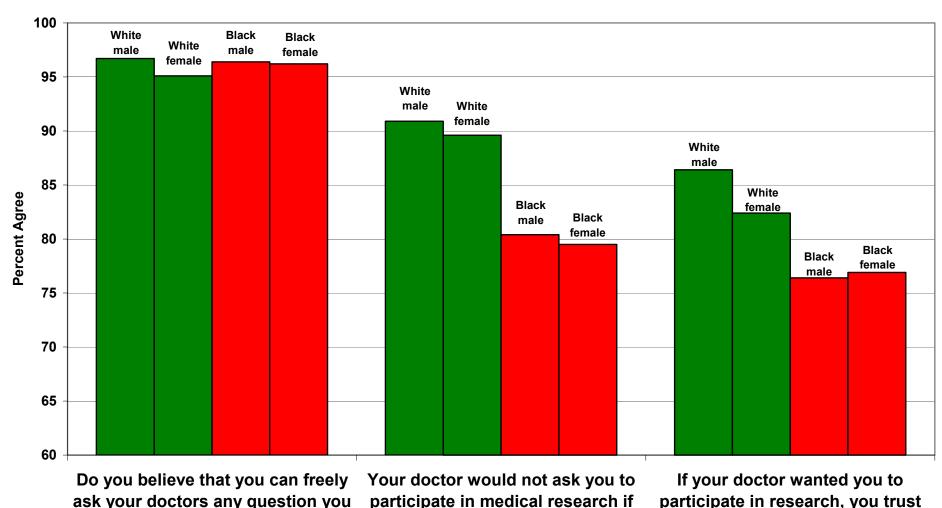
Trust in Health Information Sources - 2 by Race and Gender

Allegheny County Aged 65 & over



Trust in Physicians by Race and Gender

Allegheny County Aged 65 & over



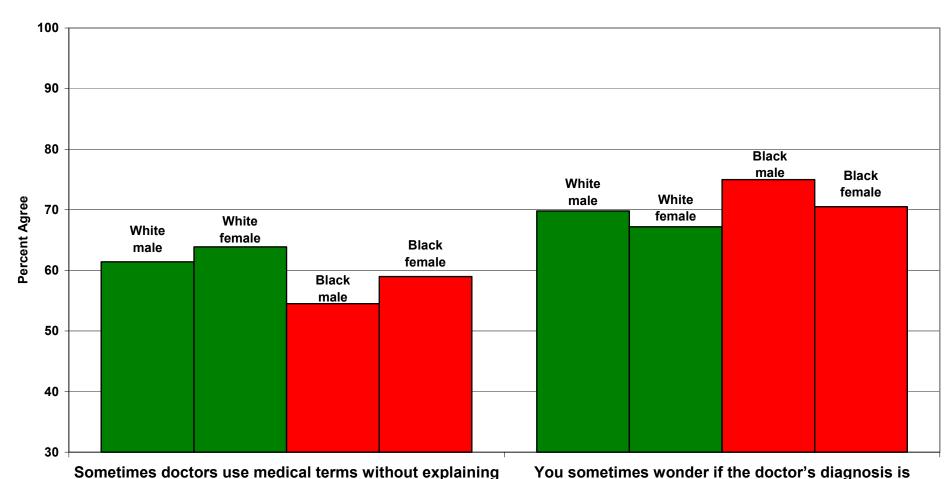
he thought it would harm you.

want?

participate in research, you trust he would fully explain it to you.

Patient-Physician Interaction by Race and Gender

Allegheny County Aged 65 & over



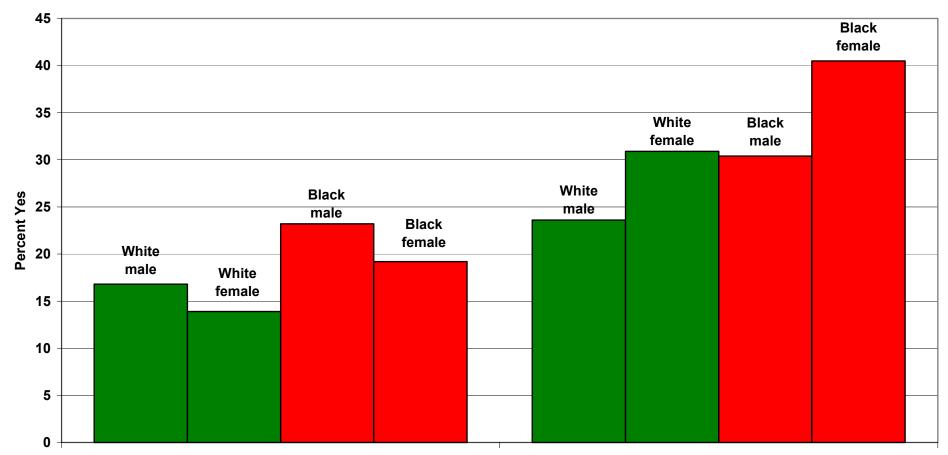
correct.

25

what they mean.

Participation in Medical Research by Race and Gender

Allegheny County Aged 65 & over

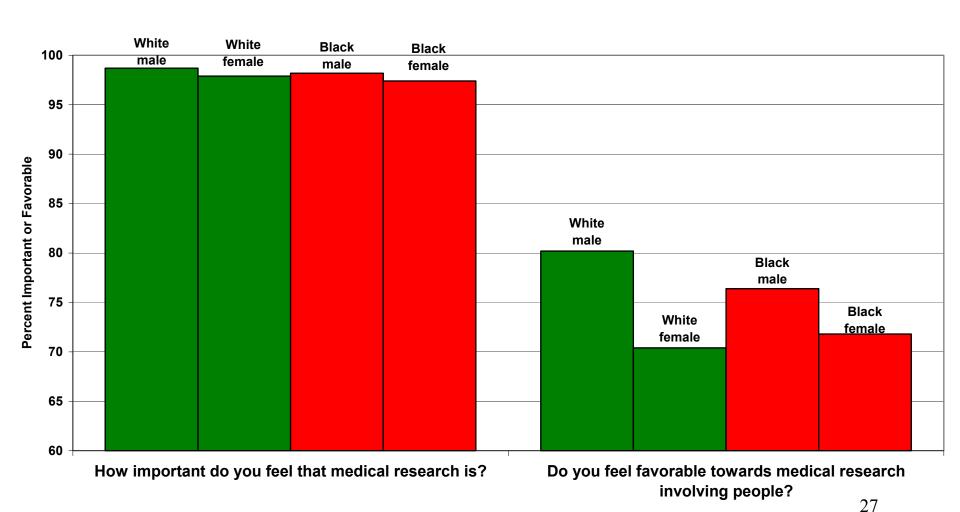


Have you ever participated in medical research?

Have you ever been offered a chance to participate in medical research and decided not to?

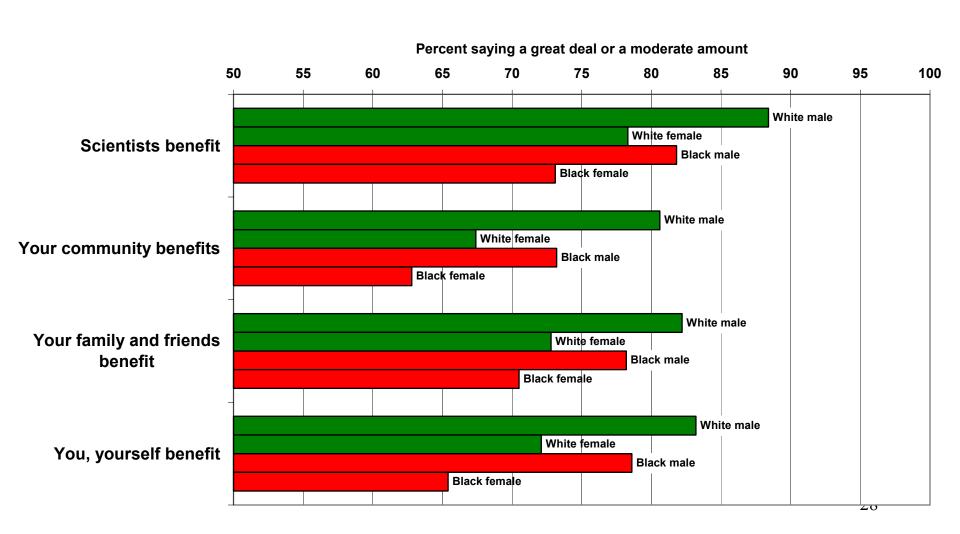
Attitudes Toward Medical Research by Race and Gender

Allegheny County Aged 65 & over



Attitudes About Who Benefits from Medical Research by Race and Gender

Allegheny County Aged 65 & over



Complementary and Alternative Therapies

- Complementary therapies= interventions used in conjunction with more traditional therapies
- Alternative therapies= interventions neither taught widely in medical schools nor generally available in US hospitals
- Widely used (30-64 % in US), infrequently reported to physicians
- Potential for harm (e.g., adverse drug-herbal interactions)

Use of complementary and alternative medical (CAM) treatments, Persons Age 65 and over in Allegheny County

Type of CAM Treatment	<u>%</u>
Spiritual Healing	11.3
Herbal Medicine	9.8
Chiropractic	8.8
Relaxation Techniques	5.7
Massage	5.2
Self-Help Groups	2.3
Accupuncture/accupressure	1.3
Energy healing	.8
Holistic Health treatment	.2
Any CAM Treatment	31.8
Vitamins/Supplements	61.5

Predictors of Use of Body-Based CAM Therapies (acupuncture, chiropractic, herbal medicine, holistic health, massage)

Predictors	Odds Ratio	95 % CI`
Physical Health Status	.98	.966993
Education/ some college	1.39	1.02-1.88
Education/college	1.88	1.37-2.58
Arthritis	1.44	1.10-1.88

Not significant: age, ethnicity, gender, marital status, mental health status, hypertension, stroke, diabetes, resp. illness, kidney disease, cancer, suppl. health ins., having primary care physician, difficulties with medical care, dissatisfaction with medical care.

Predictors of Use of Psychology-Based Cam Therapies (energy healing, guided imagery, relaxation, self-help groups, spiritual healing)

Predictors	Odds Ratio	95 % CI
Gender (female)	1.67	1.26-2.21
Ethnicity (AA)	1.30	1.01-1.70
Education (some college)	1.54	1.13-2.07
Education (college)	1.70	1.11-2.15
Cancer	1.70	1.01-2.75
Dissatisfaction with medical care	1.93	1.09-3.44

Summary

- Middle of population shift
- Overall, health status of status of population slightly worse than national rates—due to higher proporiton of old-old
- Blacks report worse health than whites, feamles wors than males, and black females report the worst health
- Healthy behaviors—room for improvement particularly among black males, the old-old and the less educated

Who Needs Help Most?

- Poor self-assessed health
- Poor mental/emotional health
- Four or more chronic health conditions
- Unable to do heavy housework
- No supplemental insurance
- Lives alone
- Low to moderate social support
- Poor or unsafe neighborhood
- Income below \$15,000

Who Uses Senior Services?

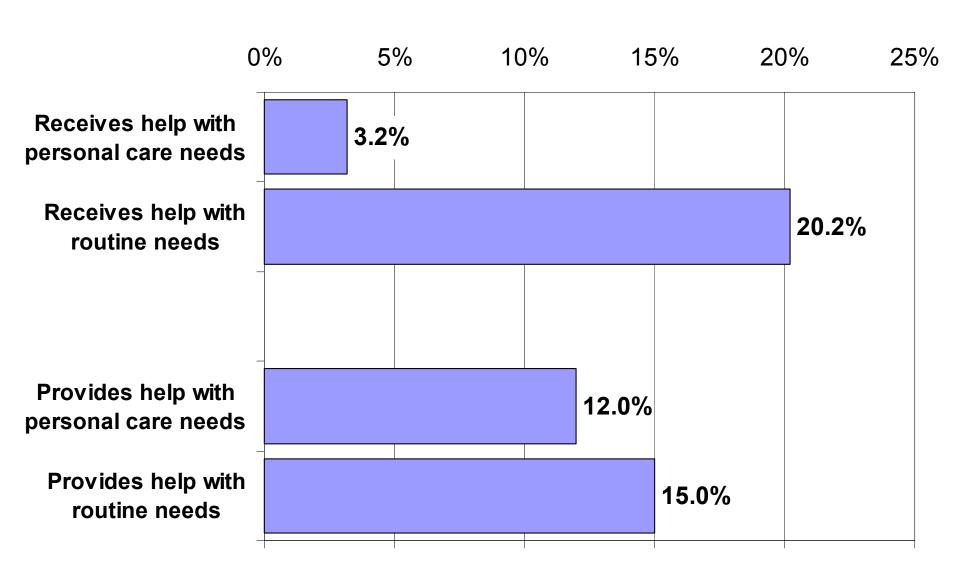
- 13% had used senior services in past month.
- Groups most likely to report service use:
 - Females (particularly Black females)
 - Those with more service needs in general
 - Older
 - Physical disability
 - Low income
 - Low social support / Live alone
 - Poor mental health
- Generally high levels of satisfaction with services
- Approximately half reporting service use said it would be difficult remaining independent without them.³⁵

Unmet Needs for Services

- Approximately 7% reported unmet needs for senior services.
- Groups most likely to report unmet needs:
 - Females (particularly Black females)
 - Those with more service needs in general
 - Poor physical health
 - Physical disability
 - Living in poor neighborhood / housing
 - Poor mental health
- Most needed services Household / chore / shopping; medical; transportation; financial / legal

Physical Disability, Caregiving, and Service Use

Percent Receiving or Providing Help with Personal and Routine Care



Who helps? Who do they help?

Receive help from: • Provide help to:

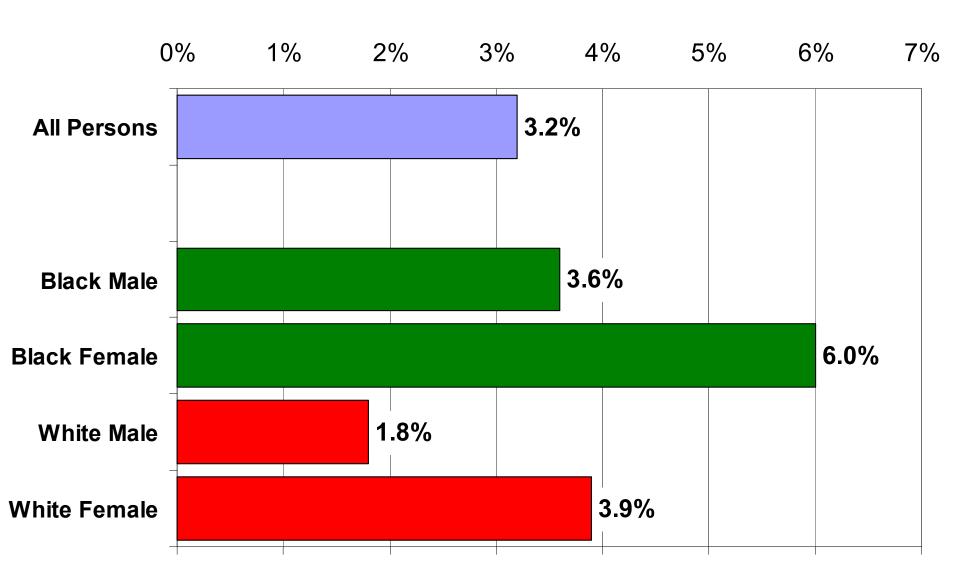
- 1. Spouse
- 2. Daughters/sons
- 3. Other family
- 4. Professionals

- 1. Spouse
- 2. Elderly parents
- 3. Other family
- 4. Friends/neighbors

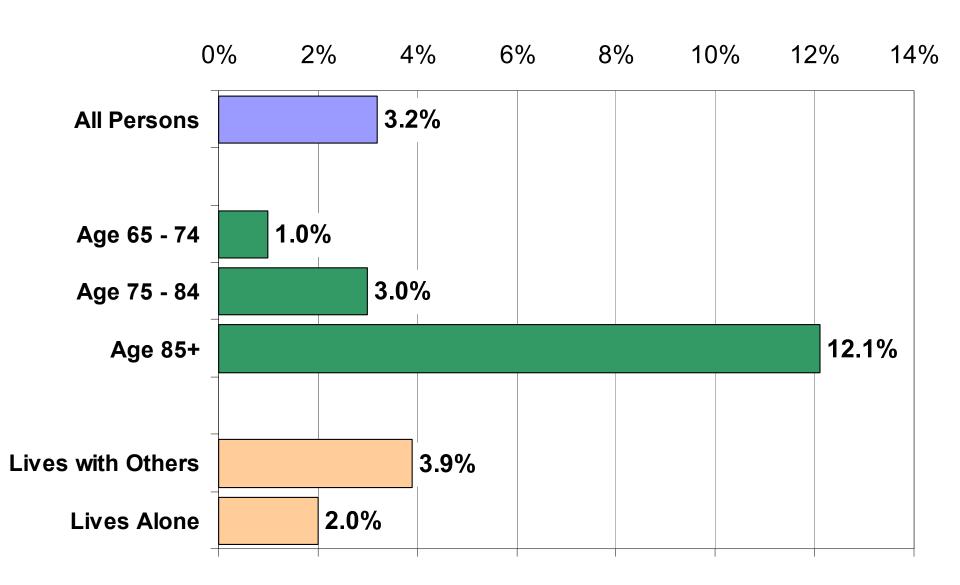
Physical Disability:

Receiving Help

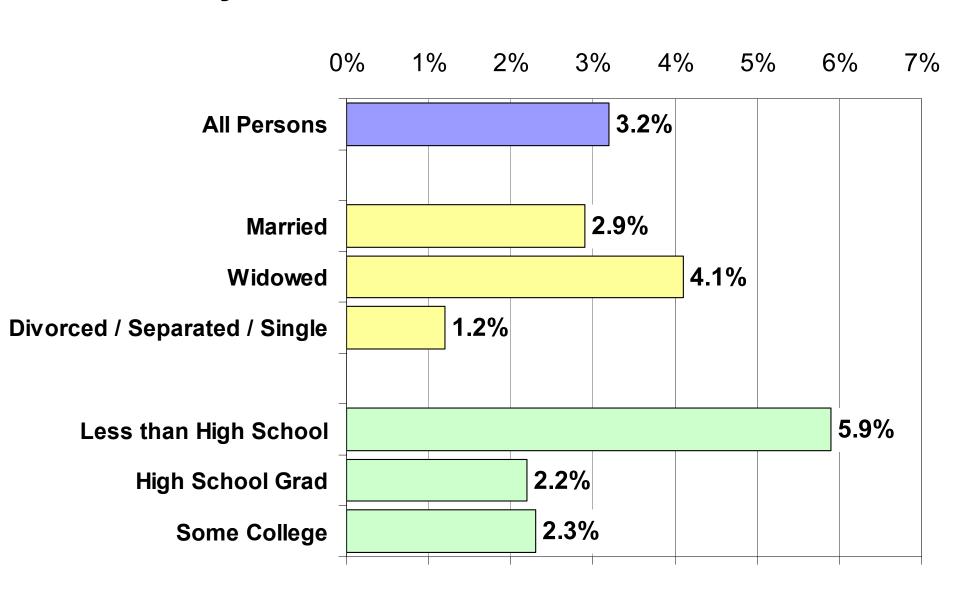
Receives Help with Personal Care Needs by Race and Gender



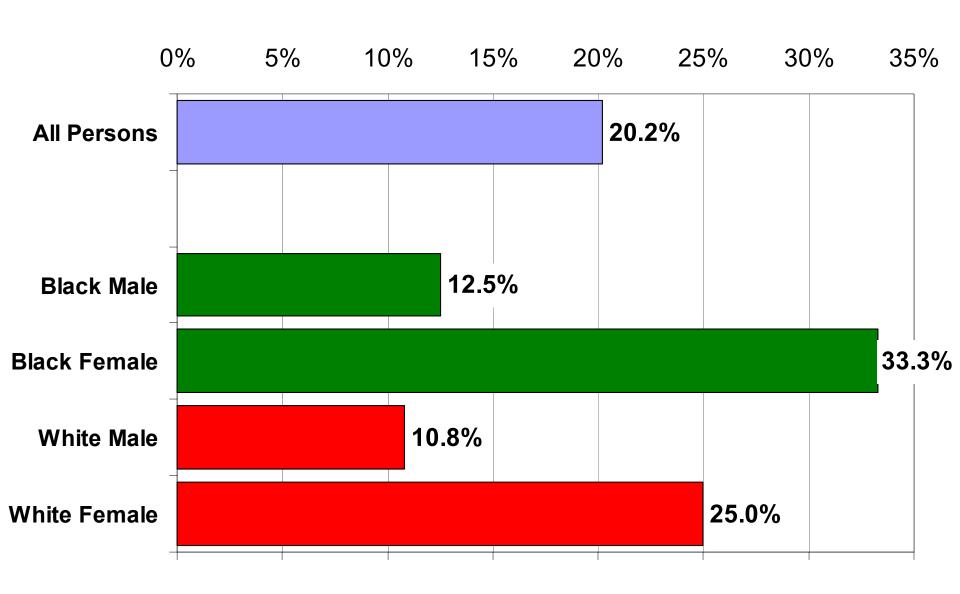
Receives Help with Personal Care Needs by Age and Living Arrangement



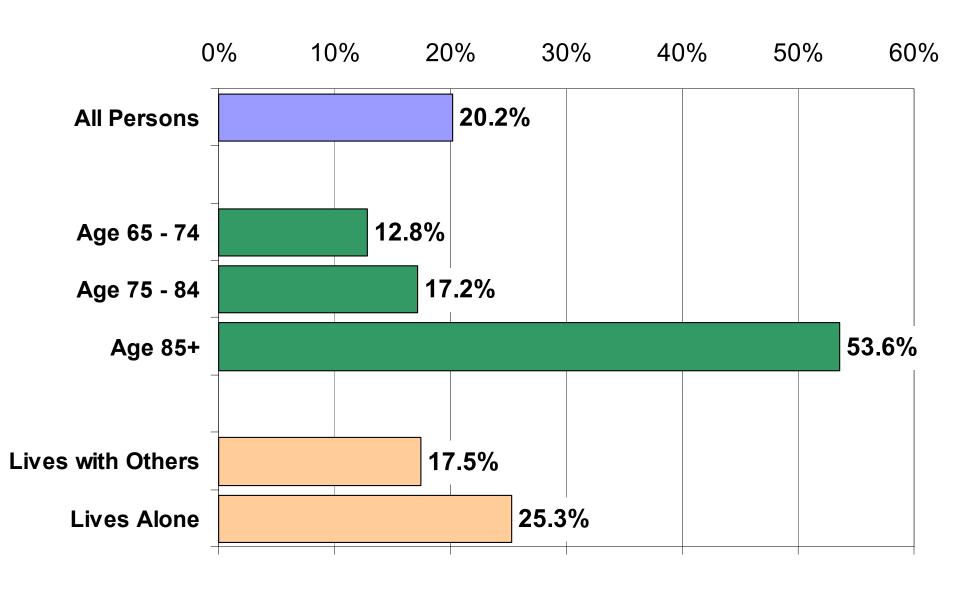
Receives Help with Personal Care Needs by Marital Status and Education



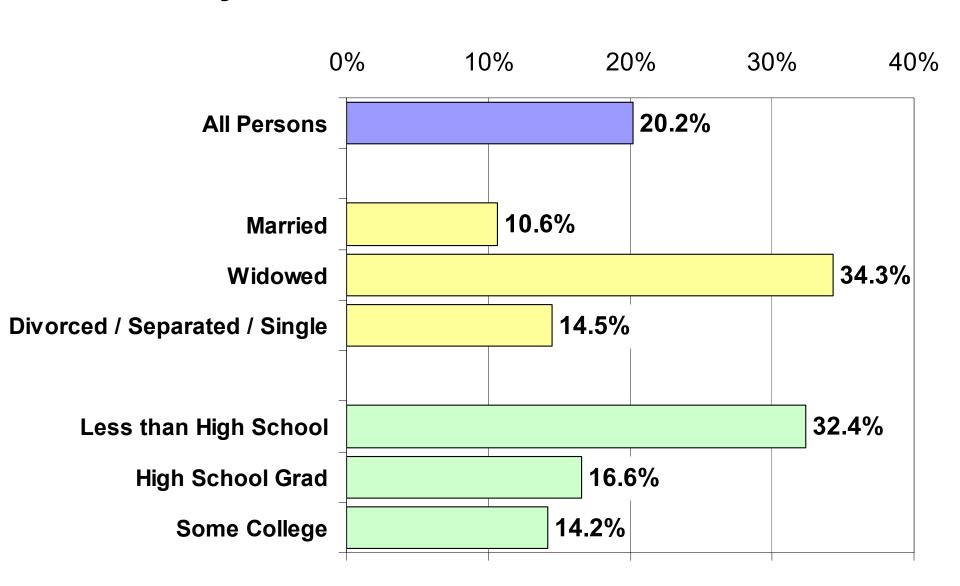
Receives Help with Routine Needs by Race and Gender



Receives Help with Routine Needs by Age and Living Arrangement



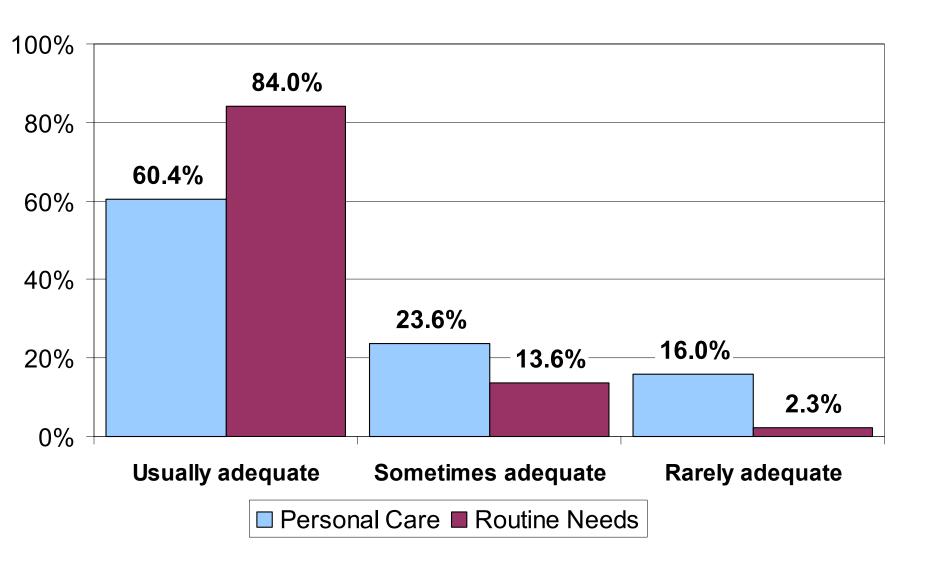
Receives help with Routine Needs by Marital Status and Education



Receipt of Personal or Routine Care – Other Factors

- Poor self-rated health
- Multiple chronic conditions
- Low income
- Low social support
- Poor mental health
- Living in poor / unsafe neighborhood or unsatisfactory housing

Adequacy of Care Received



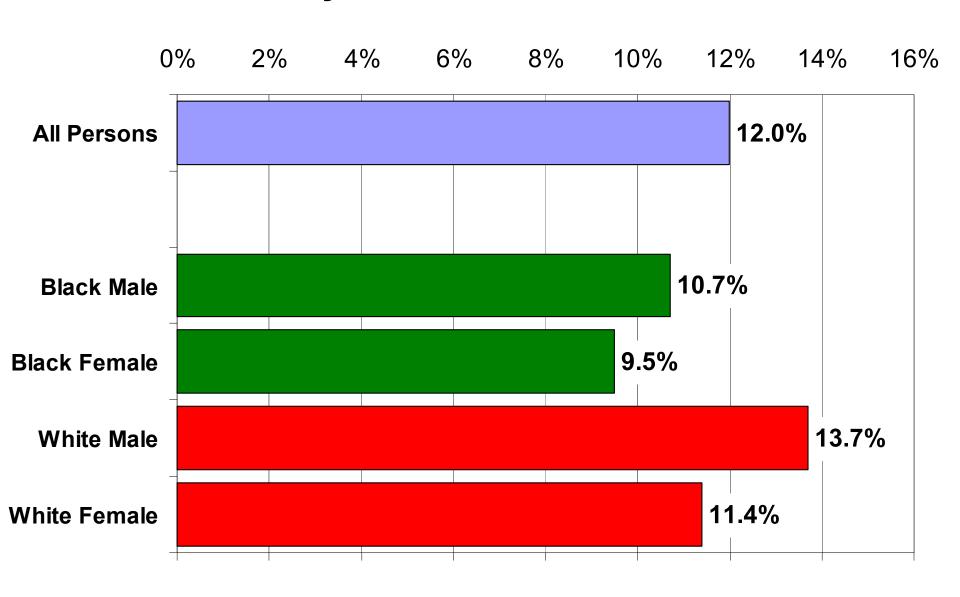
Physical Disability: Summary

- Low overall levels of personal care needs (3%).
- One in five report needing help with routine needs.
- Groups most at risk for disability:
 - African American females
 - Oldest old
 - Widowed
 - Less educated / Low income
 - Poor physical health
 - Low social support
 - Poor mental health
 - Poor neighborhood / housing
- Help received generally adequate (less for personal care)

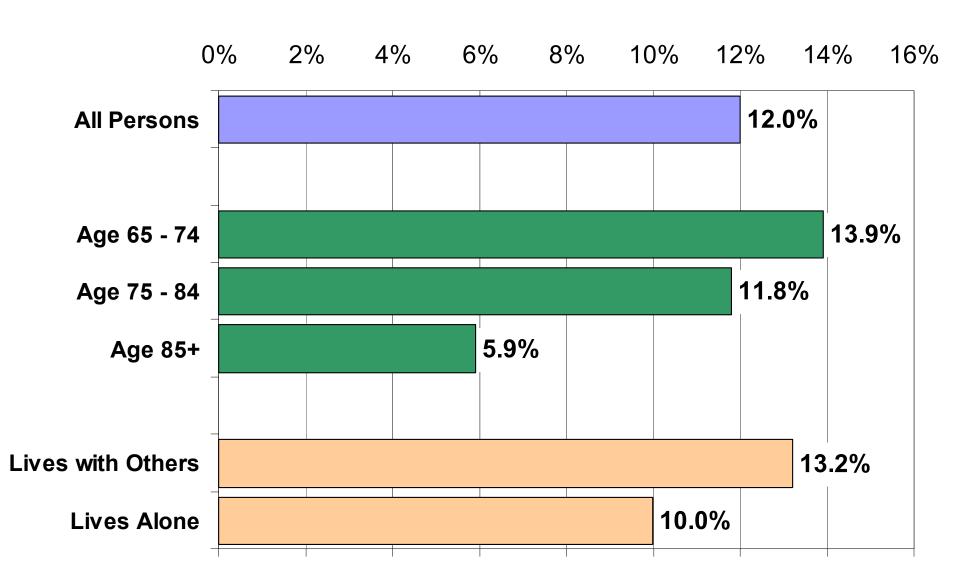
Caregiving:

Providing Help

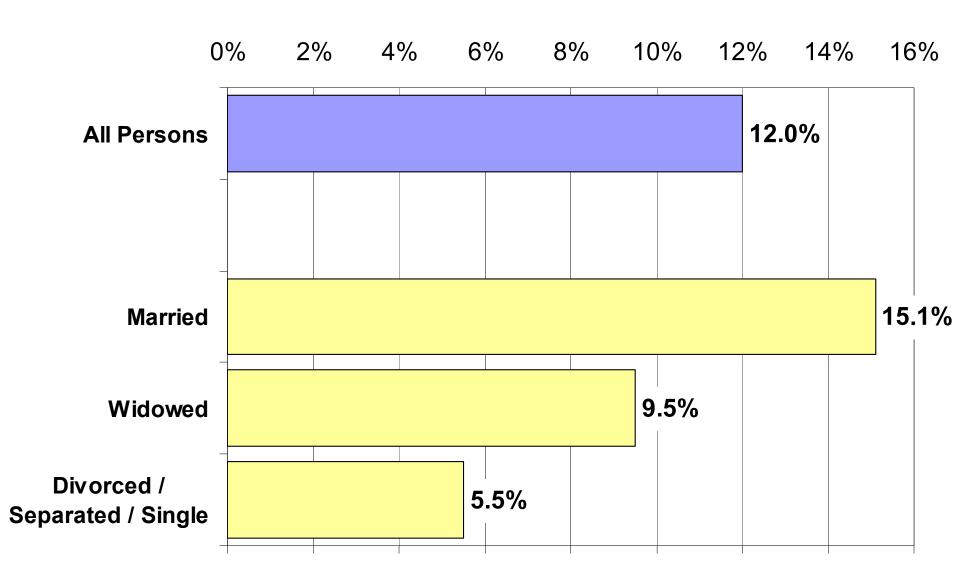
Provides Personal Care Help by Race and Gender



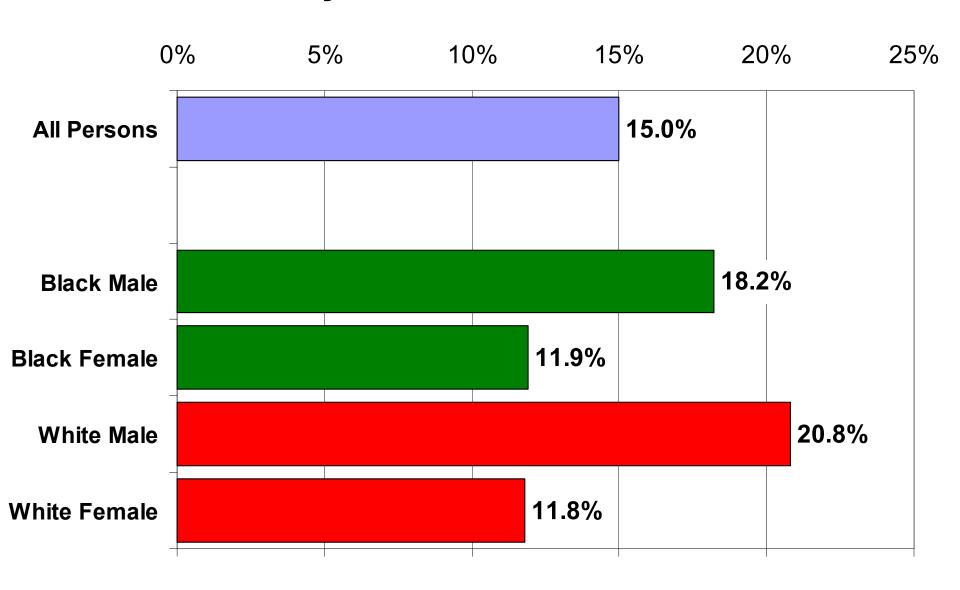
Provides Personal Care Help by Age and Living Arrangements



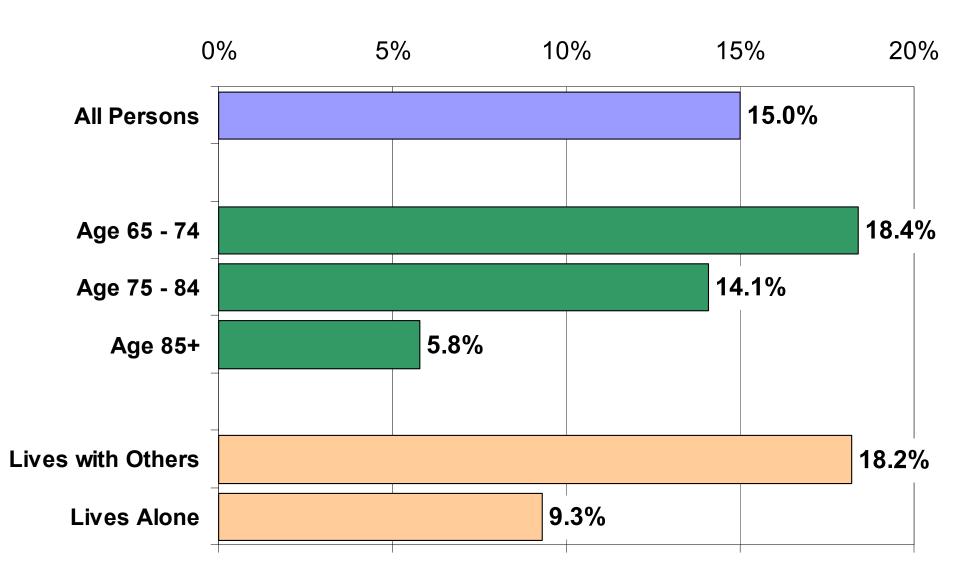
Provides Personal Care Help by Marital Status



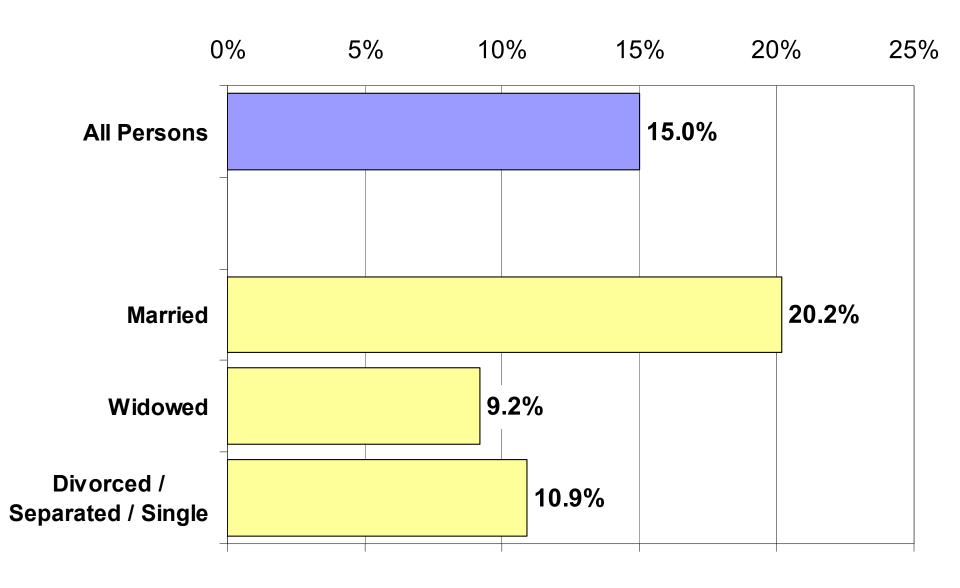
Provides Routine Help by Race and Gender



Provides Routine Help by Age and Living Arrangements



Provides Routine Help by Marital Status

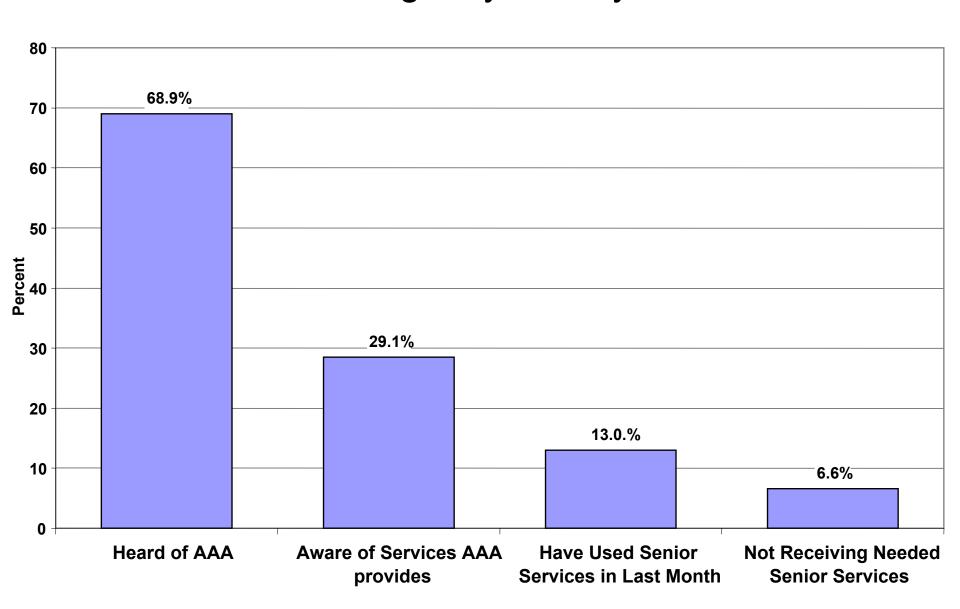


Caregiving: Summary

- Providing personal care help was four times as prevalent (12%) as receiving personal care help (3%).
- Providing routine care (15%) was slightly less prevalent than receiving routine help (20%).
- Groups most likely to be providing care:
 - Males
 - Younger
 - Lives with others
 - Married
- Care provision generally unrelated to other health indicators.

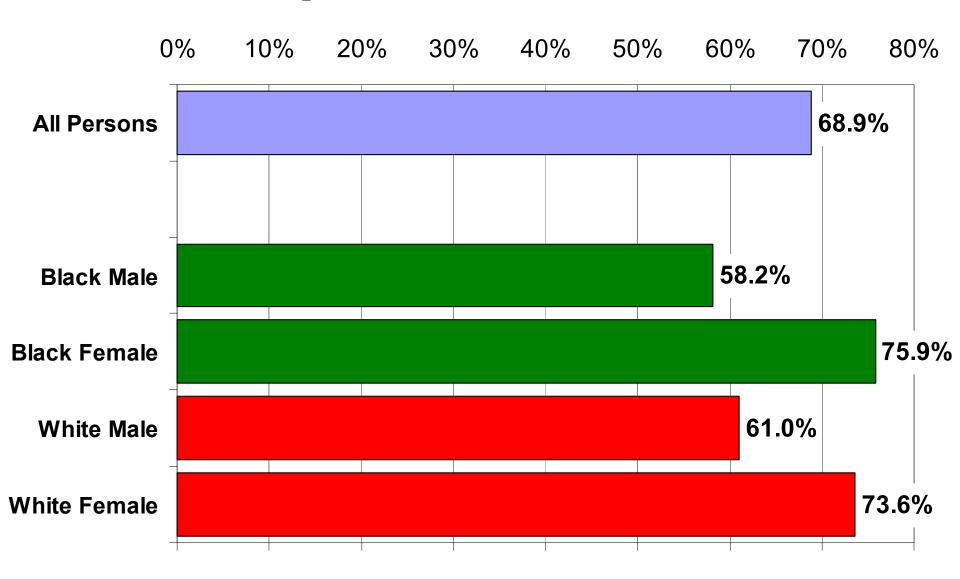
Knowledge and Use of Area Agency on Aging Senior Services

Knowledge and Use of Area Agency on Aging, Allegheny County

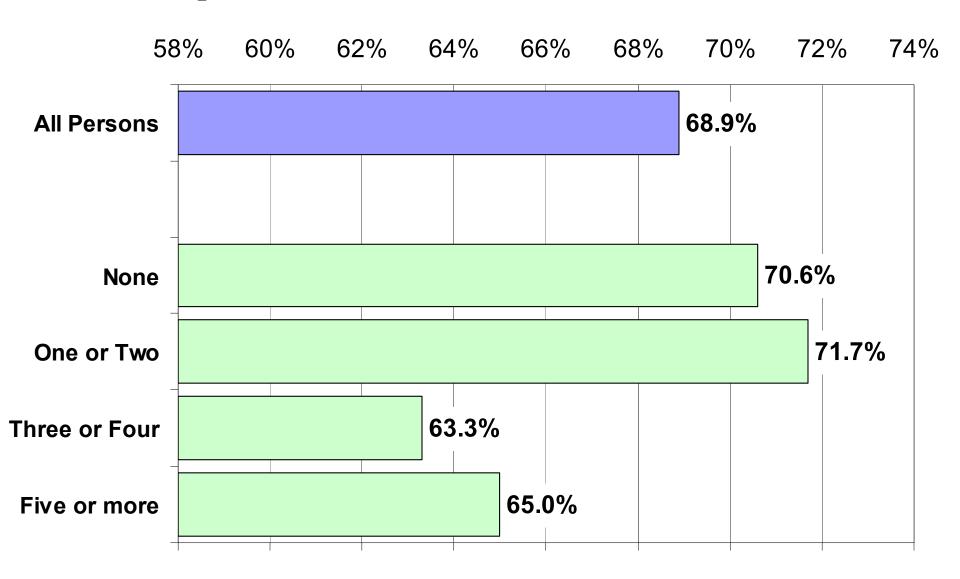


Awareness of AAA and Services

Heard of Area Agency on Aging by Race and Gender



Heard of Area Agency on Aging by Number of "Service Needs"



Heard of AAA? - Other Factors

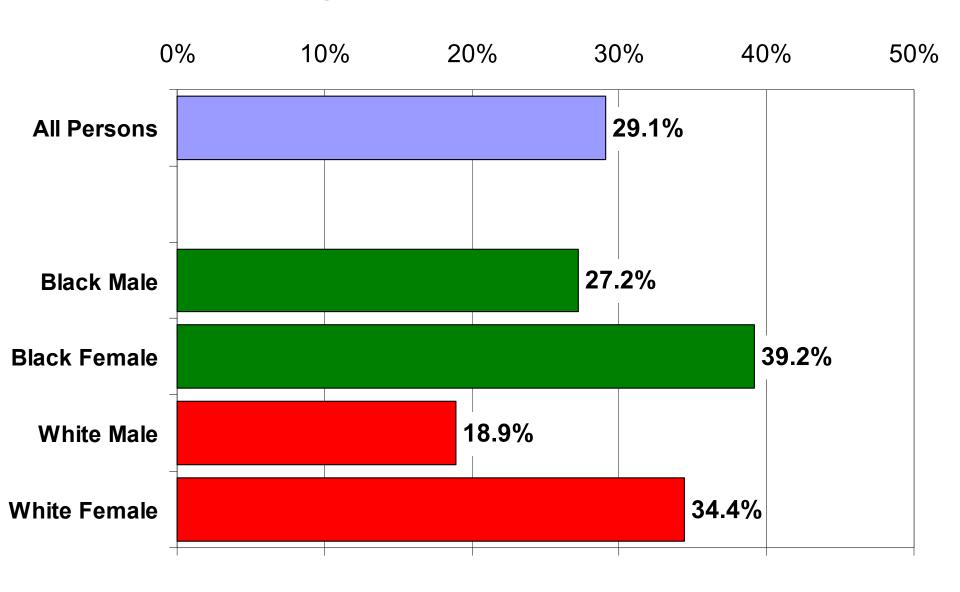
More educated

Have additional medical insurance

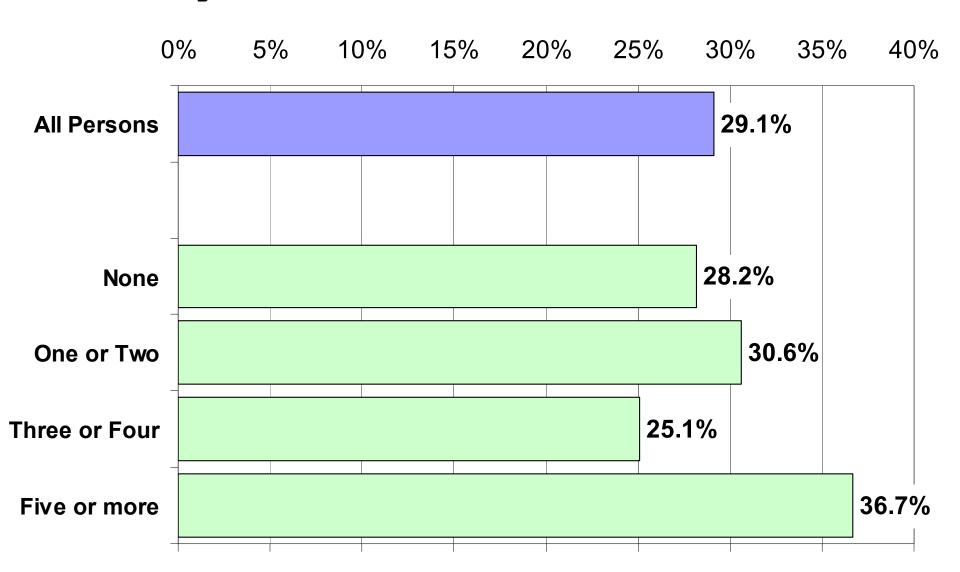
High social support

Live alone

Aware of Services Agency Provides by Race and Gender



Aware of Services Agency Provides by Number of "Service Needs"



Aware of AAA Services? - Other Factors

More educated

Younger

Fewer chronic conditions

Live with others

Awareness of AAA Services: Summary

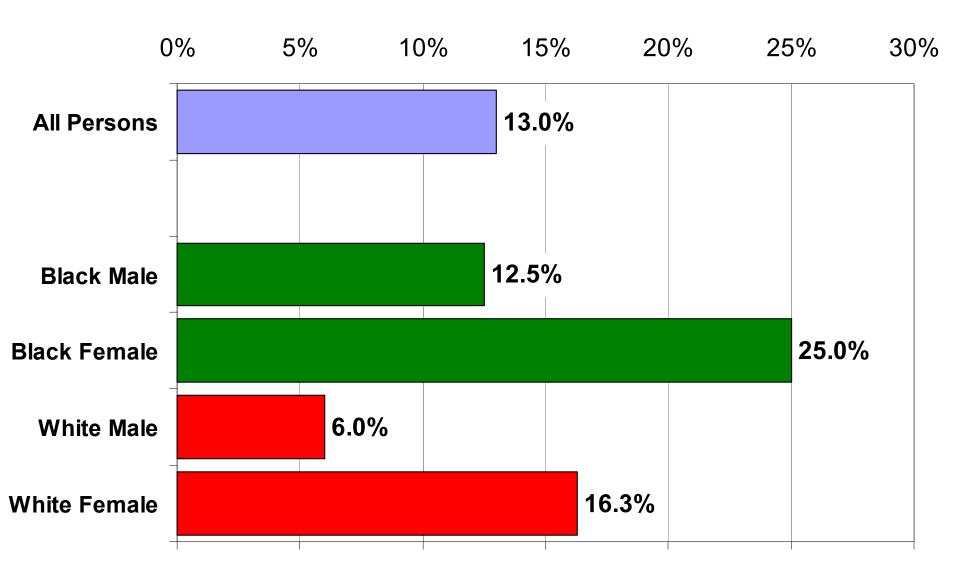
Almost 70% had heard of AAA.

 Less than 30% were aware of the services AAA provides.

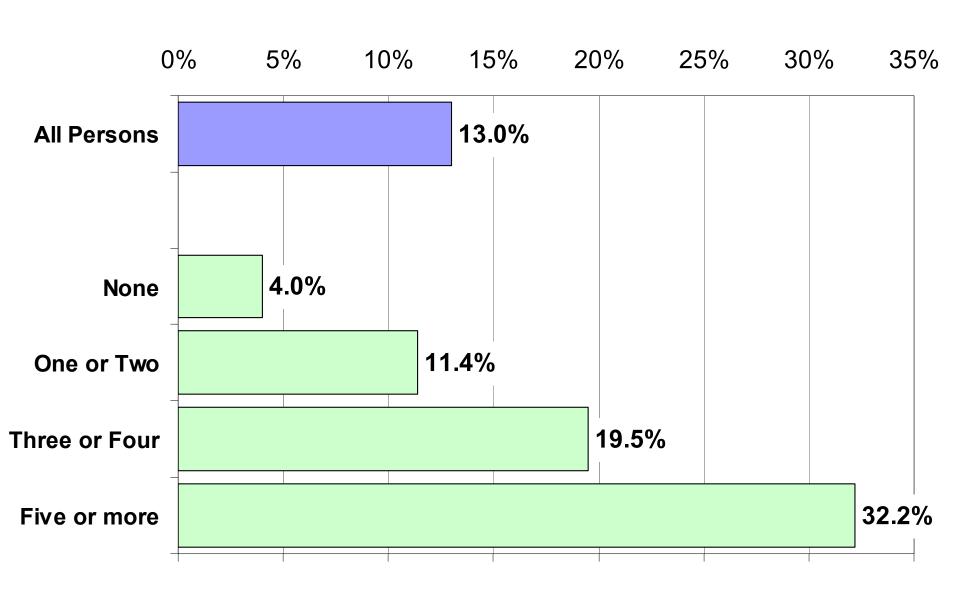
- Groups more aware of AAA:
 - Females
 - More educated

Use of Senior Services

Used Senior Services in Last Month by Race and Gender



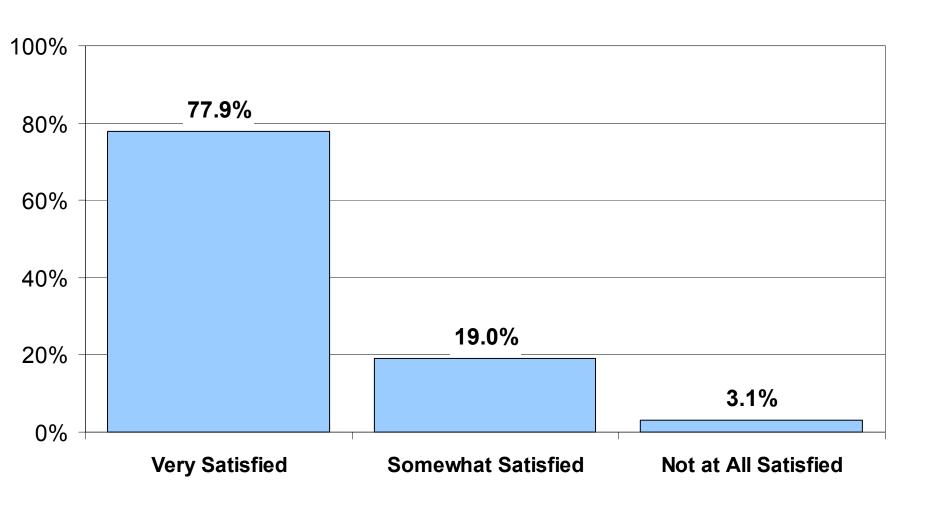
Used Senior Services in Last Month by Number of "Service Needs"



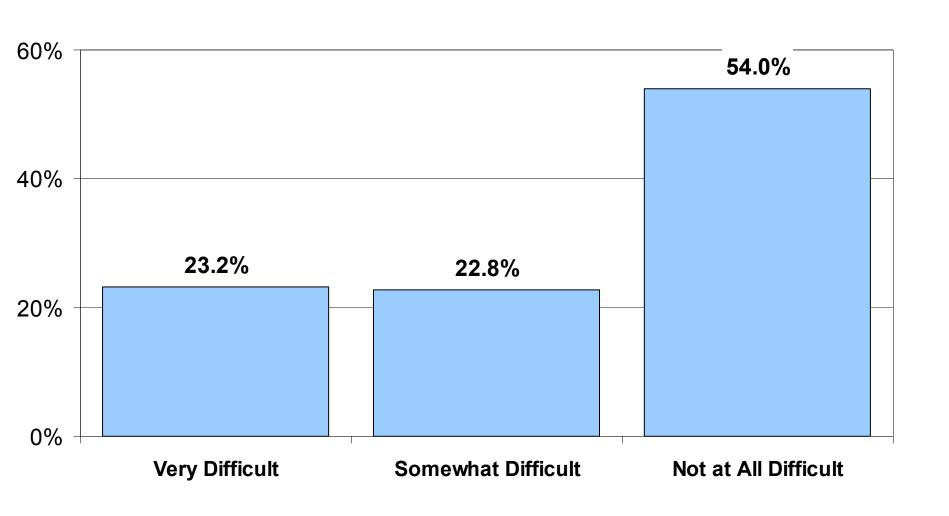
Used Senior Services in Past Month Other Factors

- Older
- Unable to do housework
- Low income
- Low social support
- Live alone
- Poor mental health
- Routine care needs

Overall Satisfaction with Services



Difficulty Remaining Independent If Services Unavailable

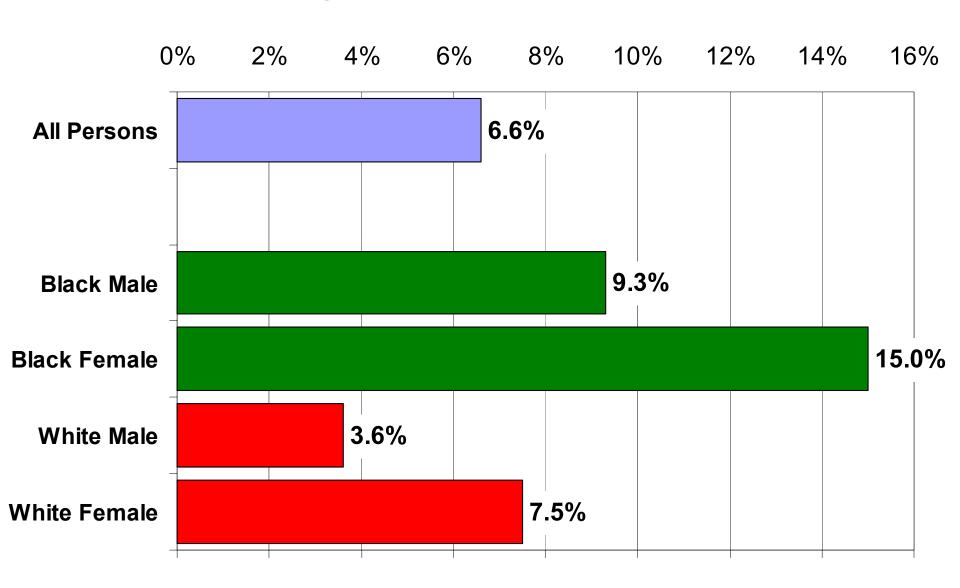


Use of Senior Services: Summary

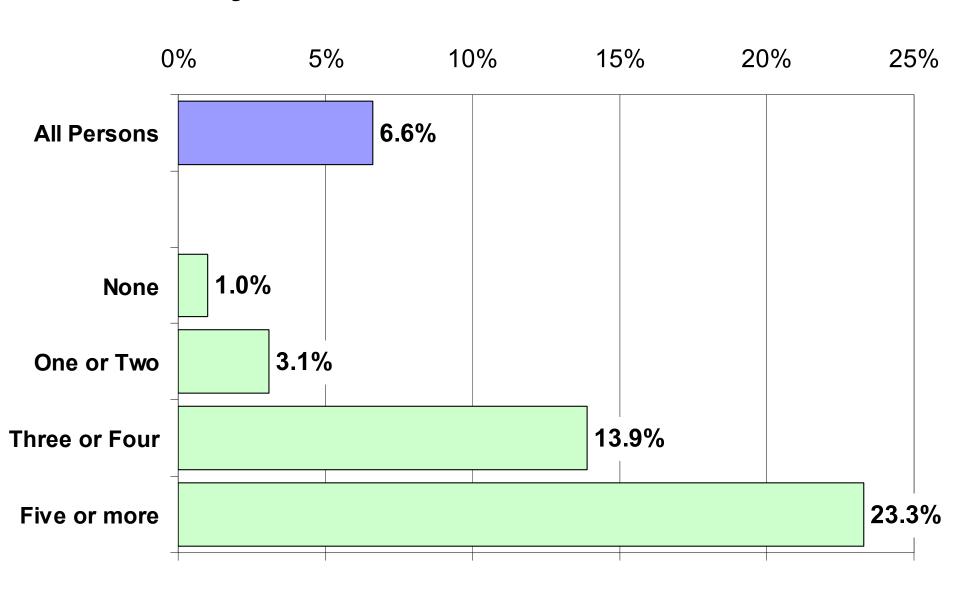
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- Generally high levels of satisfaction with services
- Approximately half reporting service use said it would be difficult remaining independent without them.

Unmet Needs for Senior Services

Not Receiving Needed Services by Race and Gender



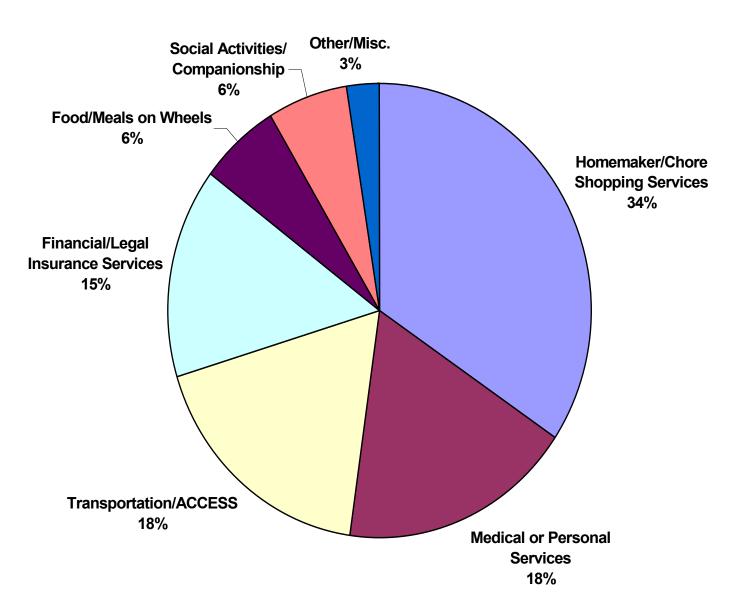
Not Receiving Needed Services by Number of "Service Needs"



Unmet Needs for Services – Other Factors

- Poor self-rated health
- Four or more reported chronic conditions
- Low social support
- Living in a poor / unsafe neighborhood or unsatisfactory housing
- Poor mental health
- Personal care needs
- Routine care needs

Service Needs Among Those Reporting Service Needs (5.6%)



Unmet Needs for Services: Summary

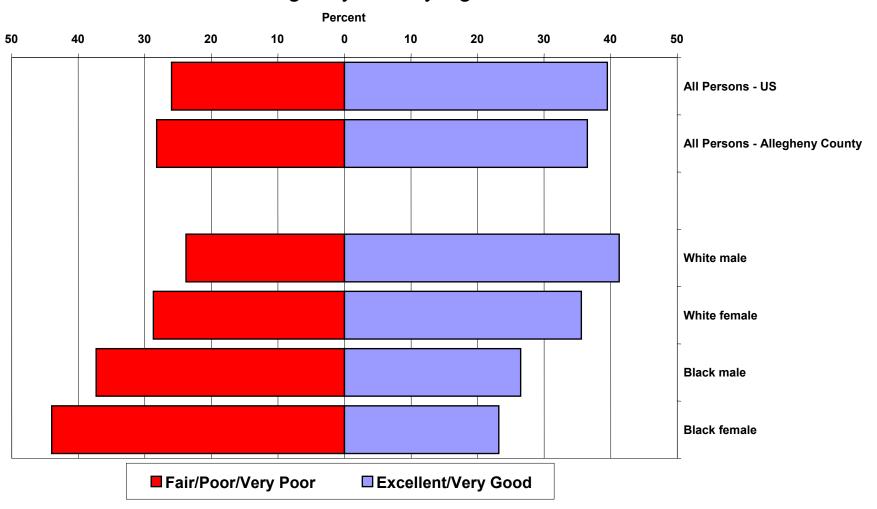
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Allegheny County Survey Results

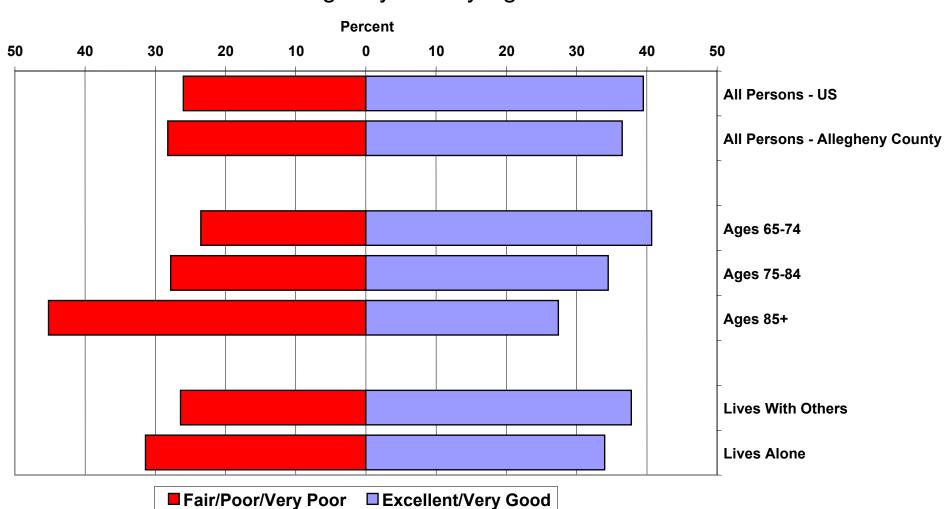
- General Health Status
- Health Insurance Coverage and Health Care
- Healthy and Unhealthy Behaviors
- Need for Senior Services

General Health Status

Self-Assessed Health Status by Race and Gender

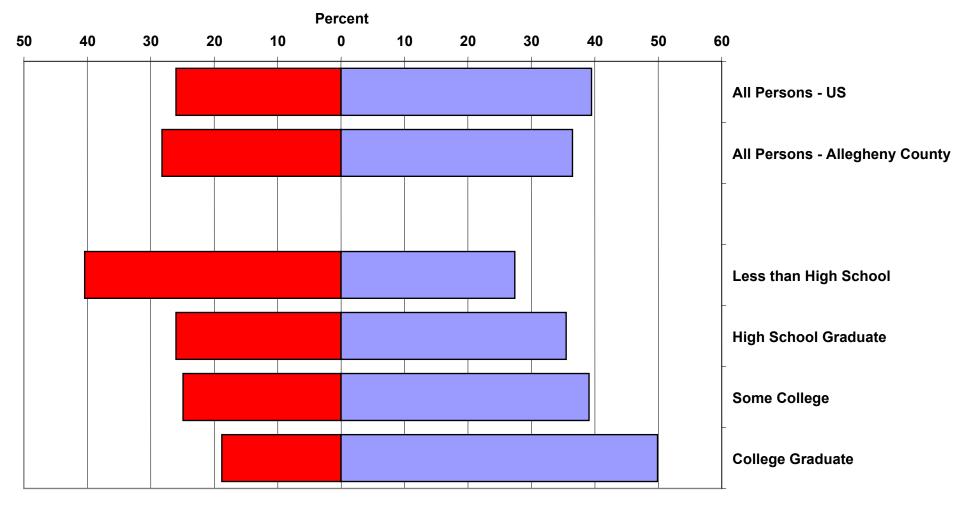


Self-Assessed Health by Age and Living Arrangements



Self-Assessed Health By Education

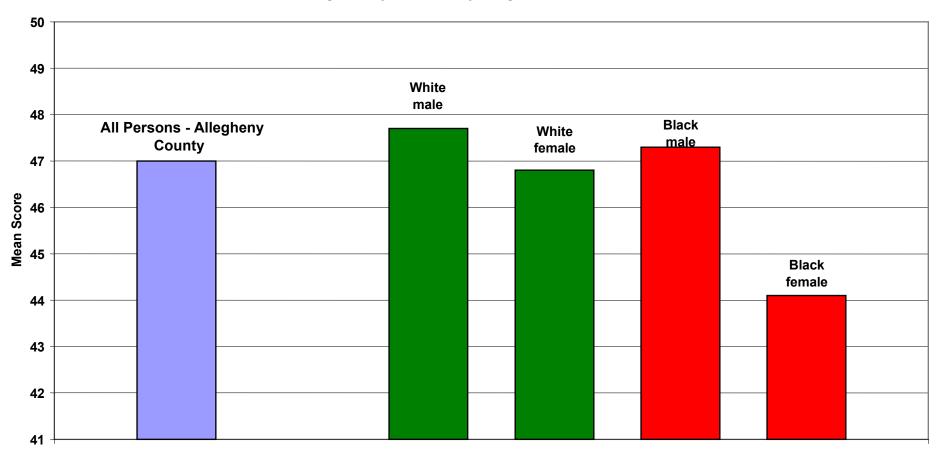
Allegheny County Aged 65 & over



■ Fair/Poor/Very Poor ■ Excellent/Very Good

SF-8 Summary Physical Health Scores by Race and Gender

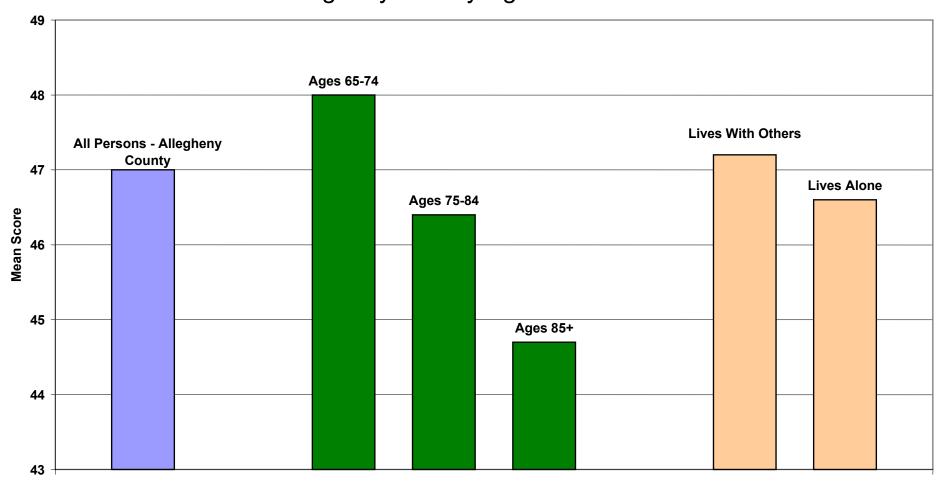
Allegheny County Aged 65 & over



Physical Health Scale

SF-8 Physical Health Scores by Age and Living Arrangement

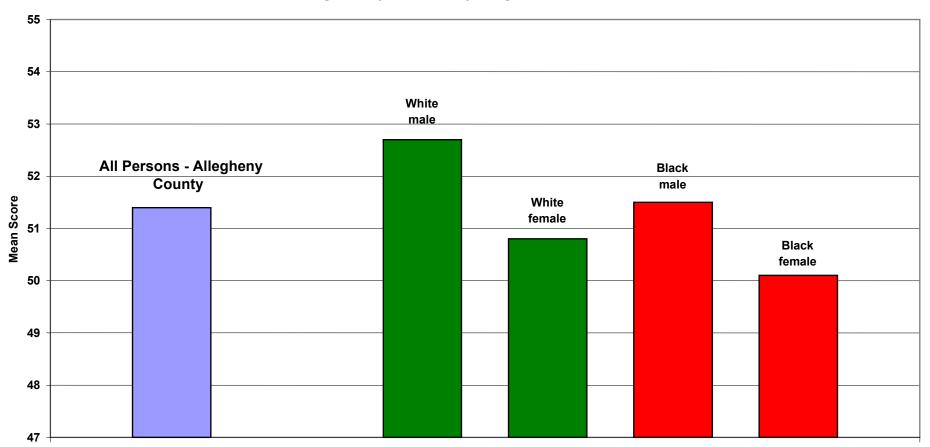
Allegheny County Aged 65 & over



Physical Health Scale

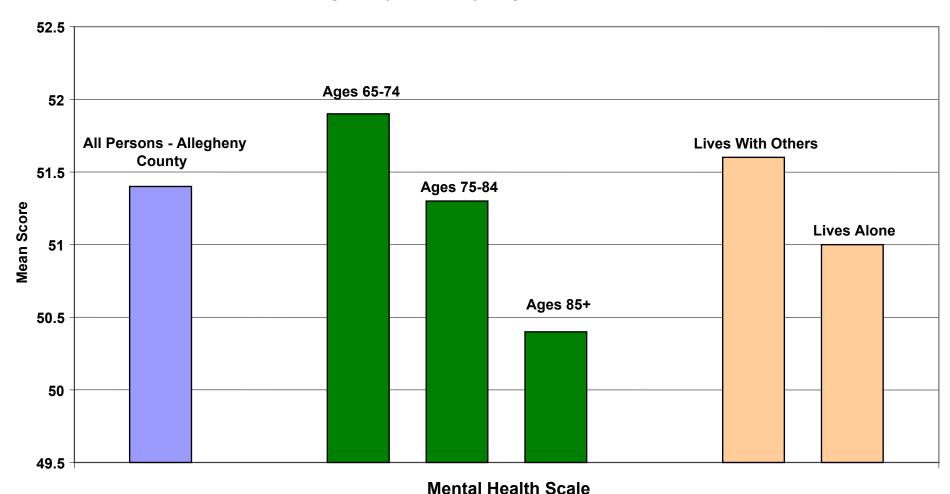
SF-8 Summary Mental Health Scores by Race and Gender

Allegheny County Aged 65 & over

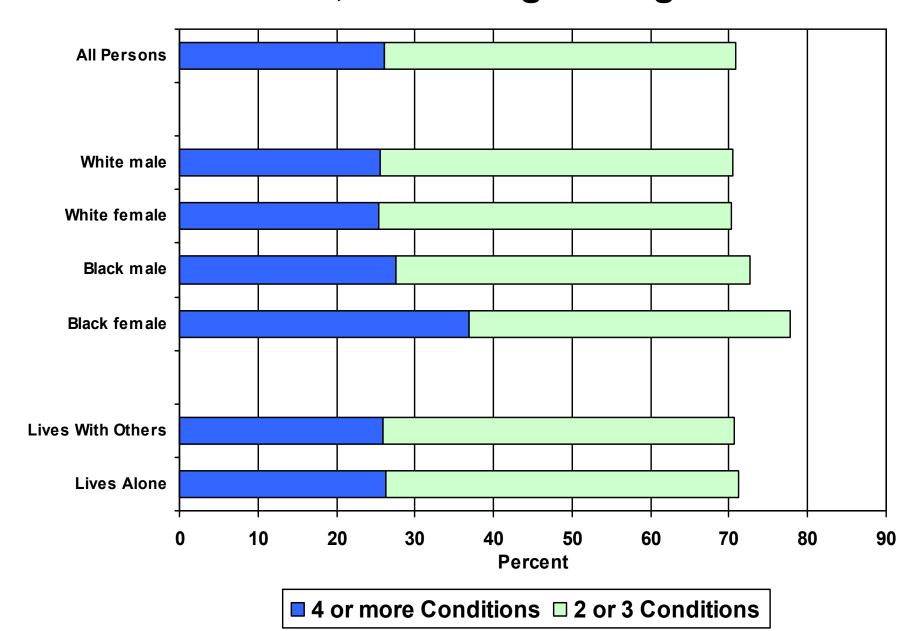


Mental Health Scale

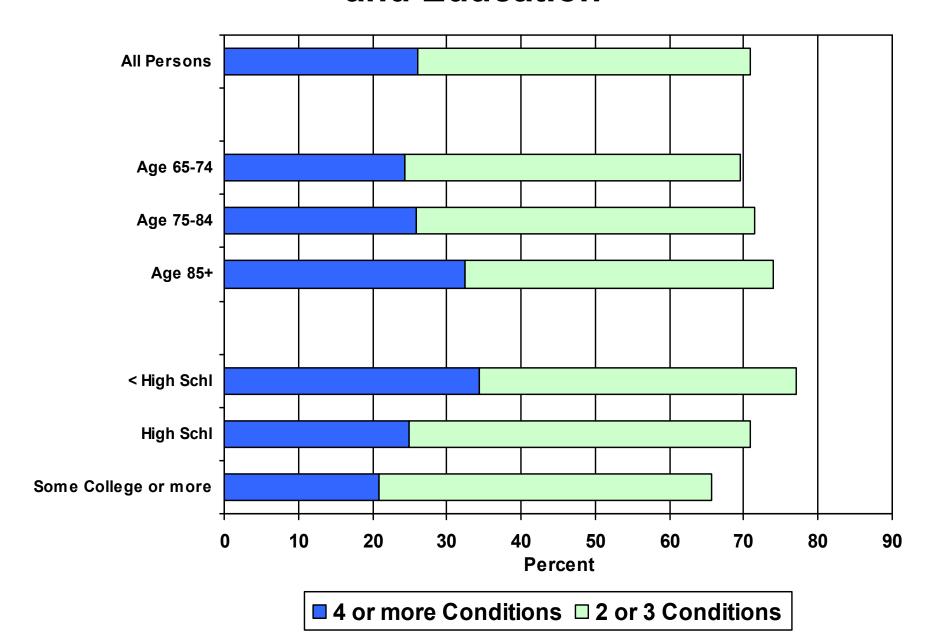
SF-8 Mental Health Scores by Age and Living Arrangement



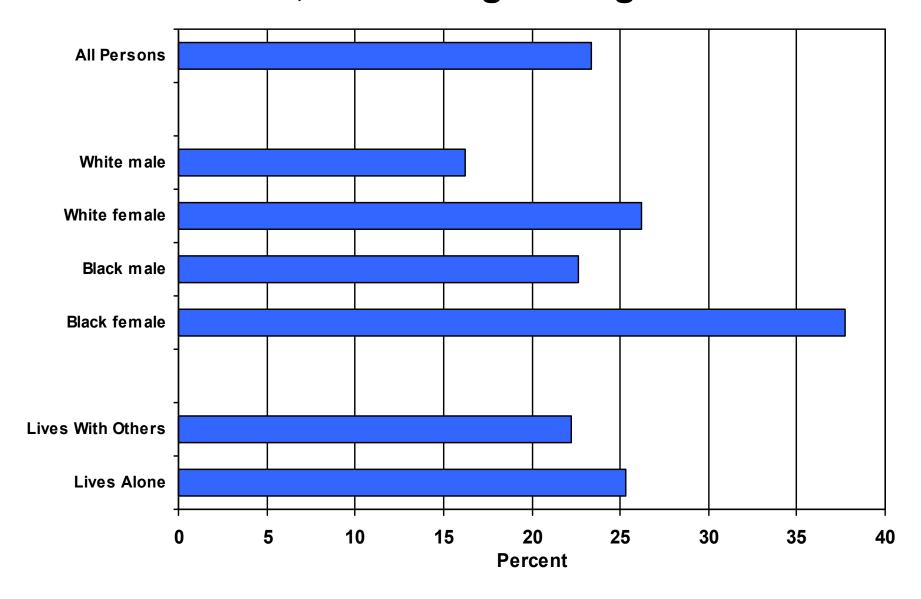
Number of Chronic Health Conditions by Race and Gender, and Living Arrangements



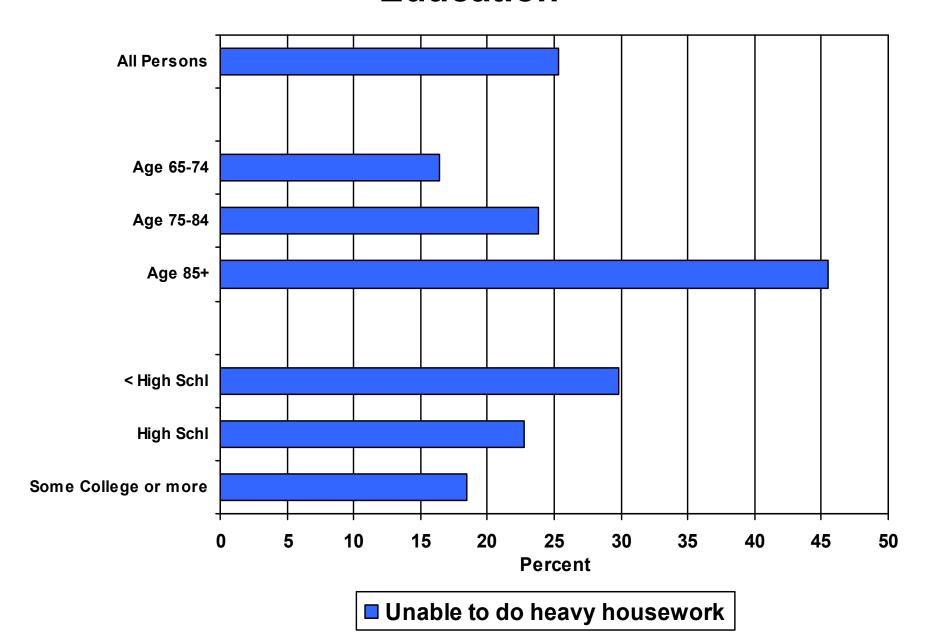
Number of Chronic Health Conditions by Age and Education



Unable to Do Heavy Housework by Race and Gender, and Living Arrangements



Unable to Do Heavy Housework by Age and Education

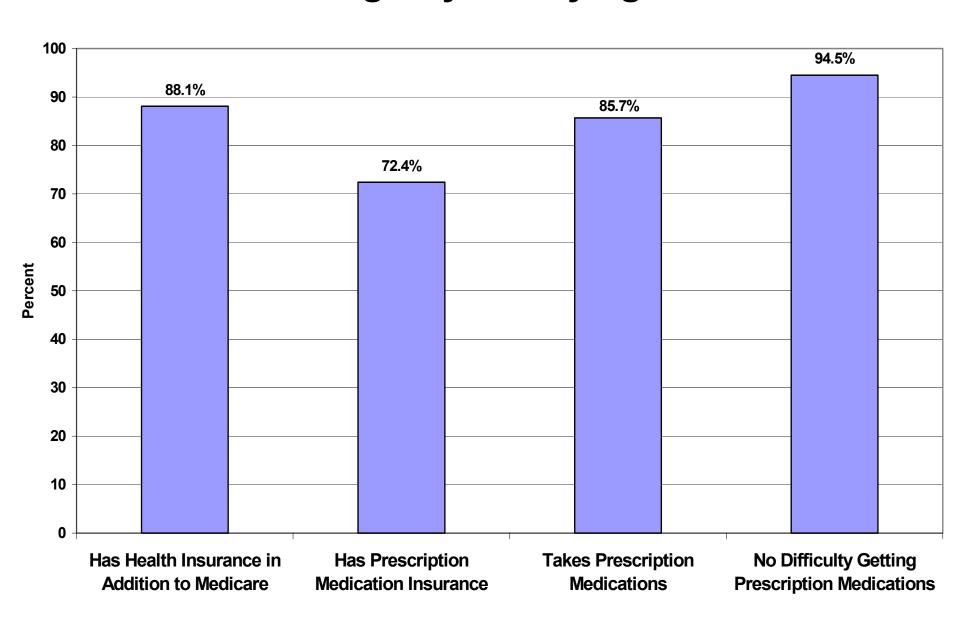


General Health Status: Summary

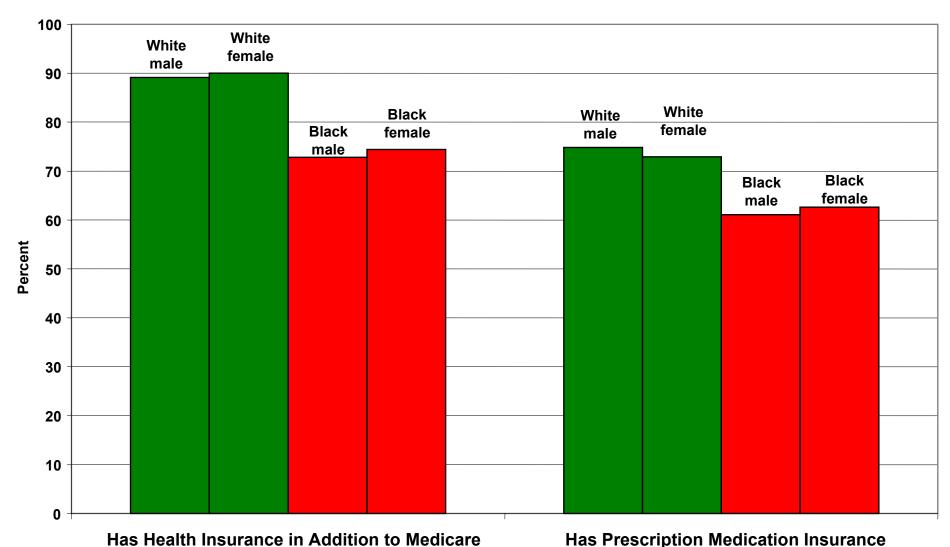
- Self-assessed health of elderly in Allegheny County is slightly worse than for persons age 65 and over nationally primarily due to the greater percentage of oldest old (85+) in the County.
- Blacks reported worse self-assessed health than whites, and females reported worse health than males, with black females reporting the worst health.
- Poor self-assessed health was also related to:
 - Older age
 - Lower levels of education
 - Living alone
- Similar patterns were seen for the SF-8 summary scales, for the number of chronic health conditions reported, and for the inability to regularly do heavy housework.
- In general, the health status of the elderly in Allegheny County is comparable to national figures.

Health Insurance Coverage and Health Care

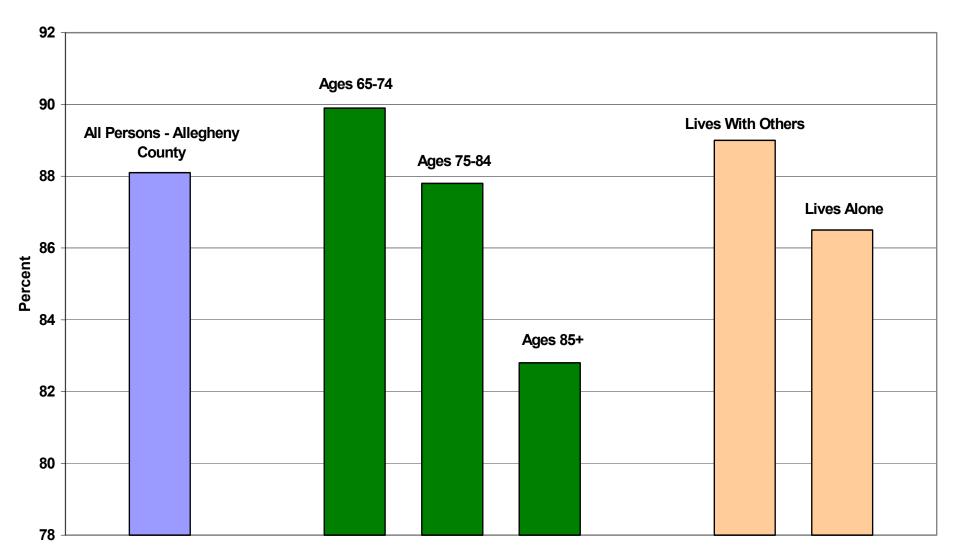
Health Insurance, Prescription Medications, Persons in Allegheny County Aged 65 & over



Health & Prescription Medication Insurance

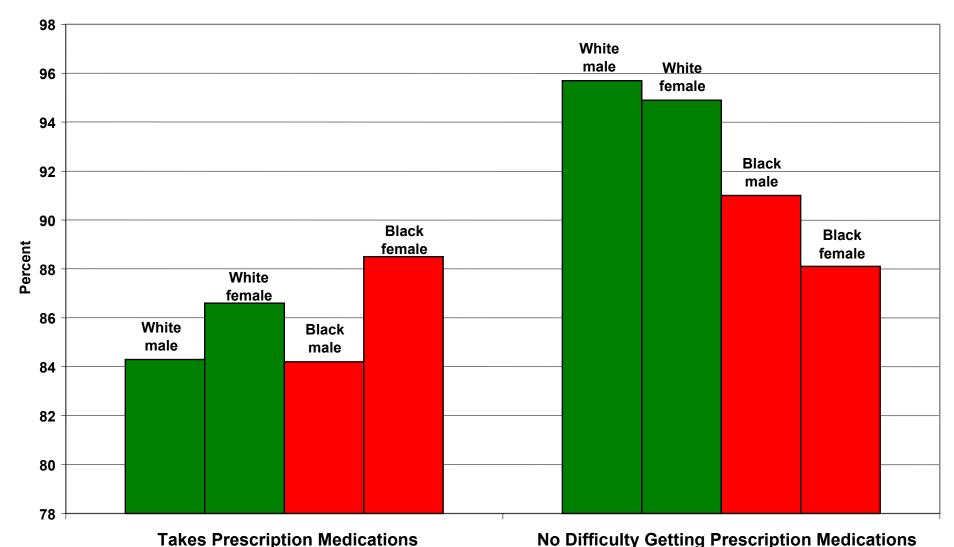


Has Health Insurance in Addition to Medicare by Age and Living Arrangements

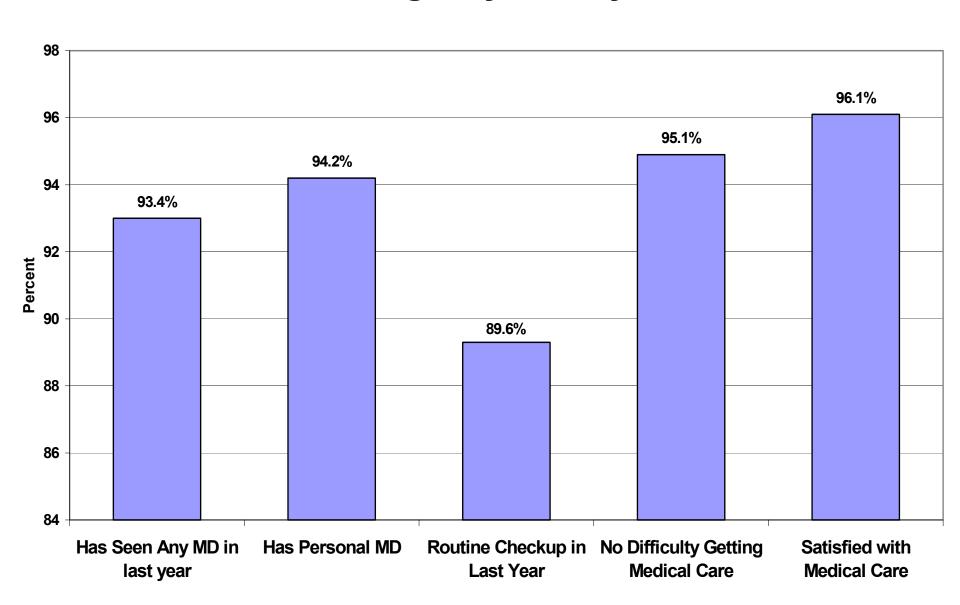


Health Insurance in Addition to Medicare

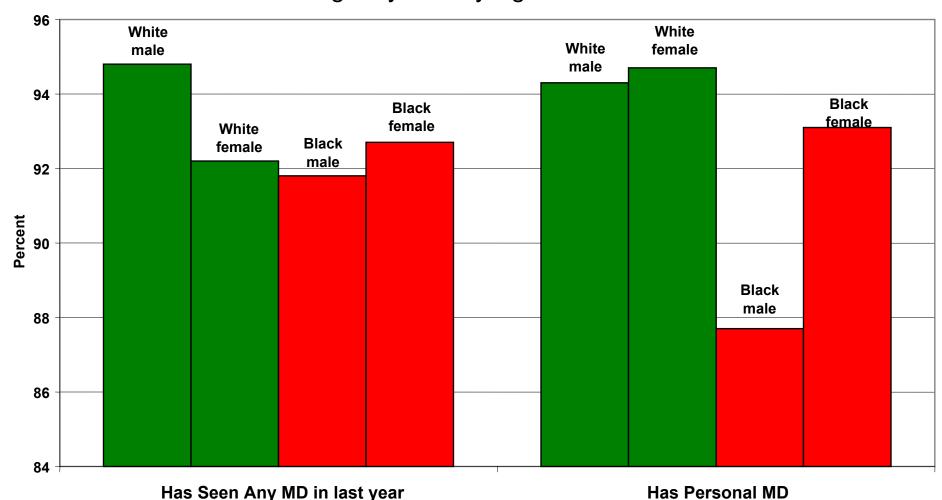
Prescription Medication Use and Availability



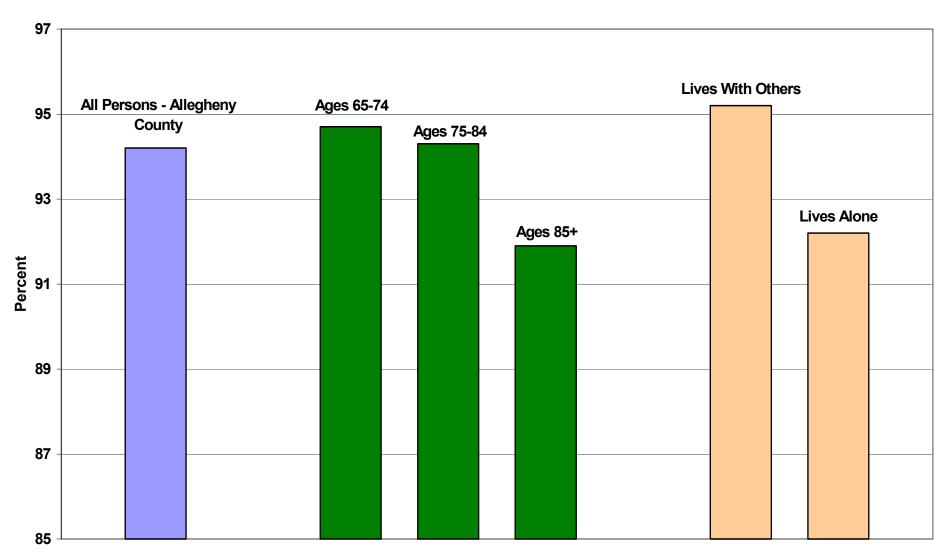
Medical Care, Access and Physician Visits, Allegheny County



Seen MD in Last Year & Has Personal MD by Race and Gender

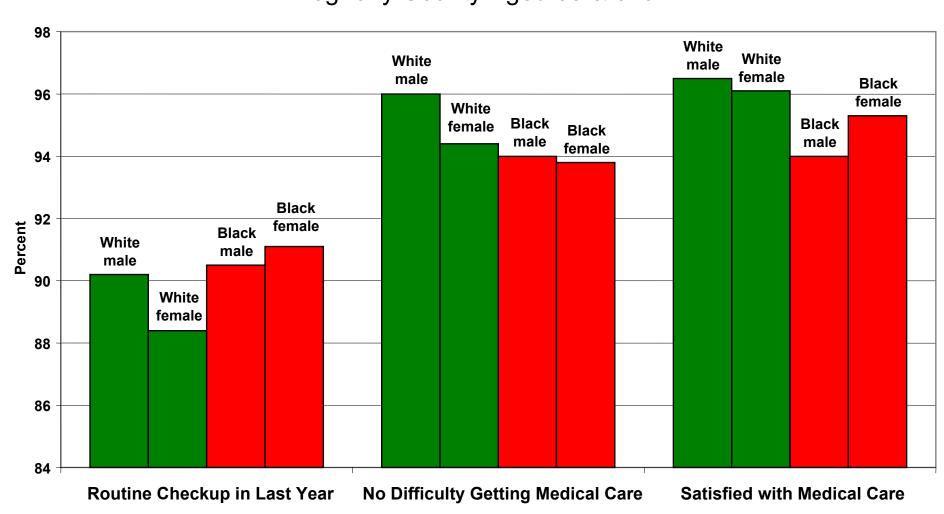


Has Personal MD by Age and Living Arrangements



Has Personal MD

Routine Checkup and Evaluation of Medical Care by Race and Gender



Health Insurance Coverage & Health Care: Summary

Health Insurance:

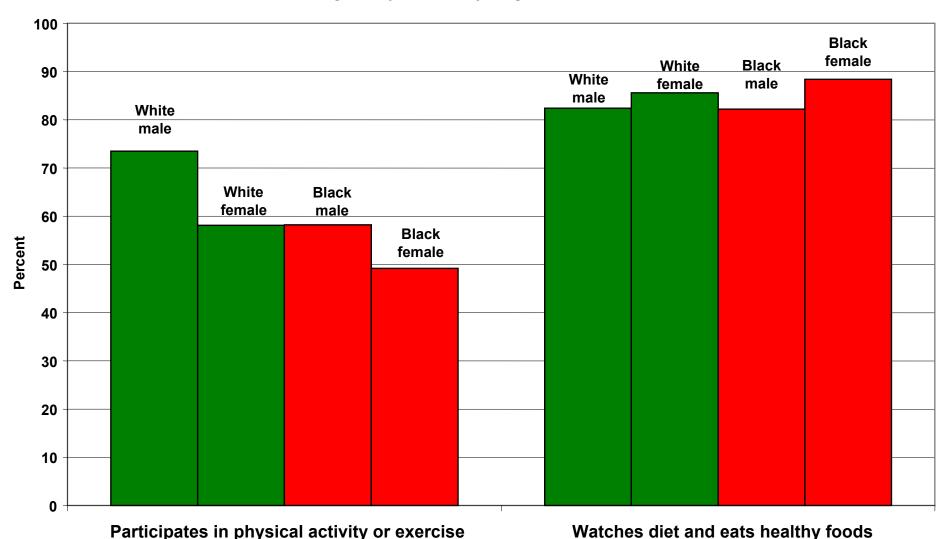
- 88% reported health insurance coverage in addition to Medicare, higher than national rates; 72% reported some form of prescription medication insurance.
- Most take prescription medications and report no difficulty getting them.
- Blacks, older age groups, persons with less education (not shown), and those who live alone have lower levels of additional health insurance and of medication coverage.

Health Care:

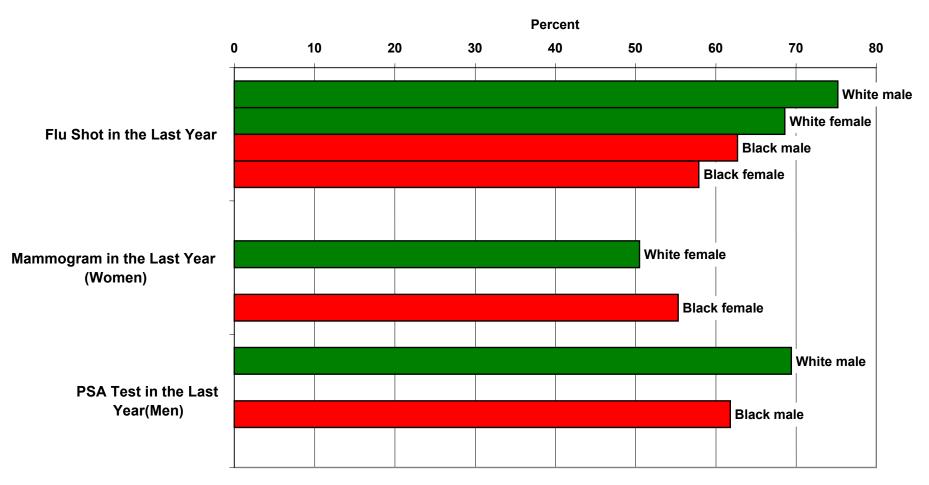
- Elderly in Allegheny County have high rates of physician utilization and of satisfaction with care.
- Over 94% reported having a personal physician, 93% saw a physician in the previous year, 89% had a routine checkup in the previous year, and 96% were satisfied with the medical care they received.

Healthy and Unhealthy Behaviors

Physical Activity and Diet by Race and Gender

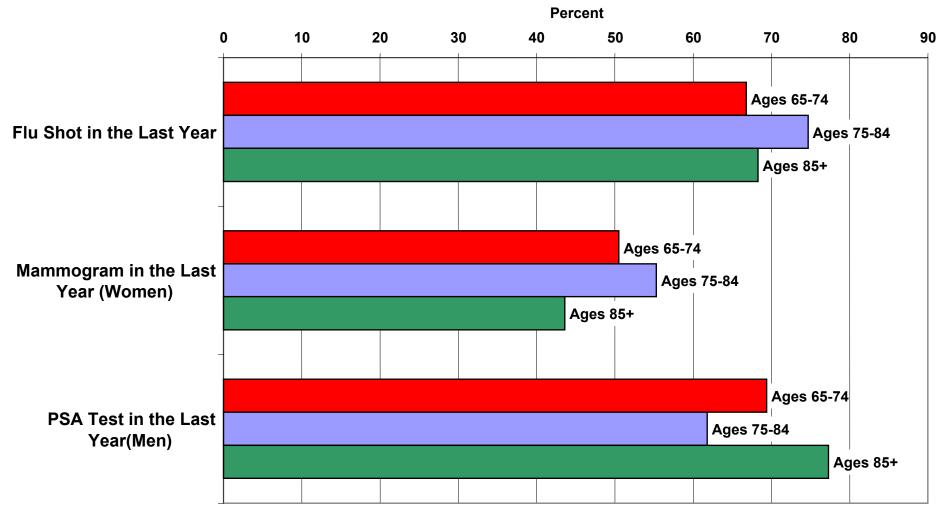


Preventive Health Behaviors by Race and Gender

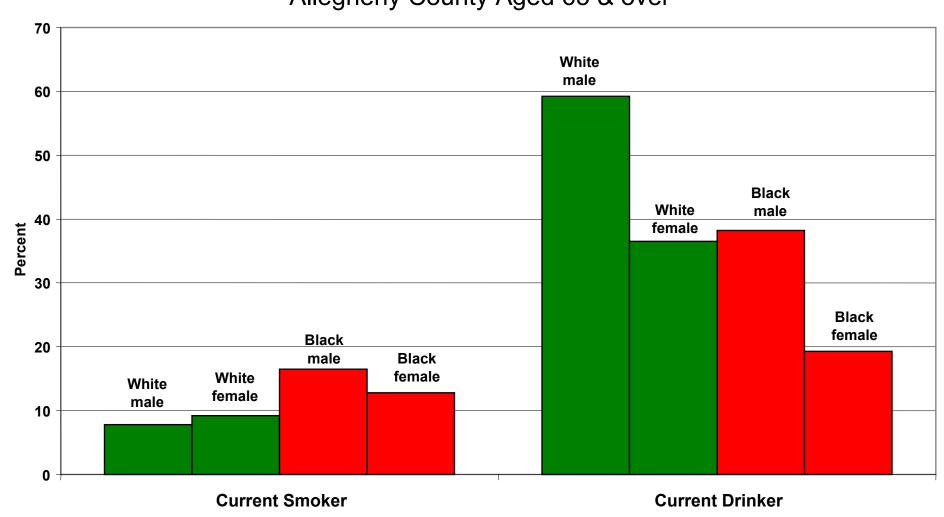


Preventive Health Behaviors By Age





Current Smoking and Drinking by Race and Gender

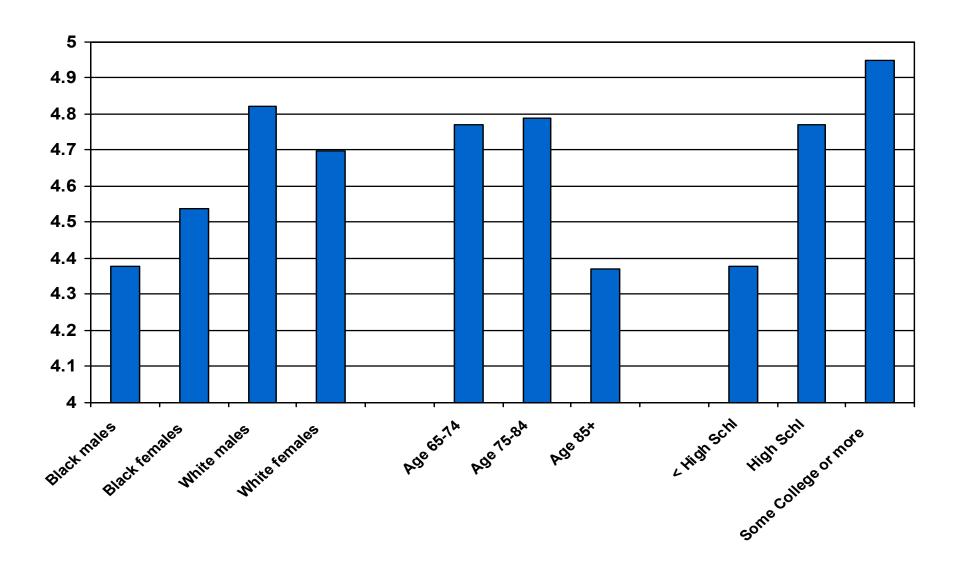


Index of Healthy Behaviors

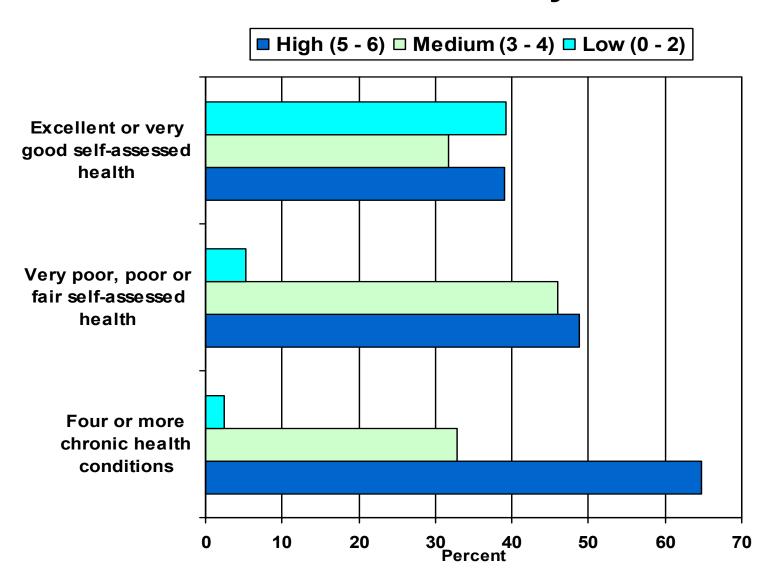
Count of indicators (0 to 6):

- 1. Exercise and physical activity
- 2. Watch diet and eat healthy foods
- 3. Flu shot in last year
- 4. Prostate Specific Antigen (PSA) Test in last year (men) or Mammogram in last two years (women)
- 5. Doesn't smoke currently
- 6. Doesn't drink "heavily" (average of 2+ drinks per day or 6+ drinks when drinking)

Mean Score on the Index of Healthy Behaviors by Race and Gender, Age, and Education



Health Status of Persons with High, Medium and Low Numbers of Healthy Behaviors



Healthy and Unhealthy Behaviors: Summary

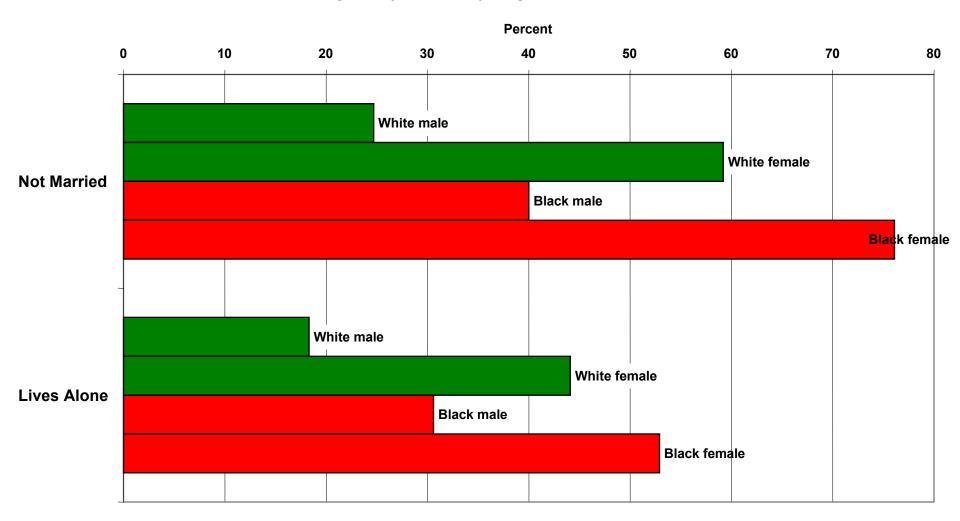
- High percentages of the elderly reported that they watch their diet (85%) and participate in physical activity (63%).
- Among prevention behaviors, more County elders reported a flu shot in the previous year than nationally (70% versus 65%), and rates of PSA tests and Mammograms were fairly high.
- Current smoking (9%) and drinking (43%) rates were also comparable to national rates.
- Analysis of the index of healthy behaviors indicated that overall levels of healthy behaviors are good, but improvement is still needed. Blacks engaged in fewer healthy behaviors than whites, with white males reporting the most and black males the least. Additionally, the oldest old and those with less education reported fewer healthy behaviors.
- Poor health seems to result in engaging in more healthy behaviors, while excellent or good health does not result in more healthy behaviors.

Need for Senior Services

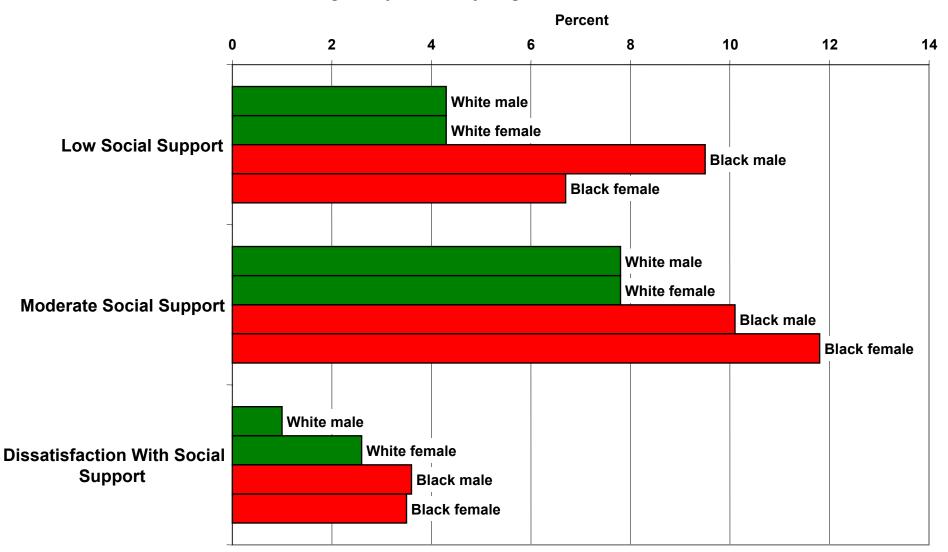
Components of Need for Service

- Physical and Mental Health Status
- Availability of Health Insurance and Access to Care
- Living alone or only low/moderate social support
- Neighborhood and housing characteristics
- Low Income

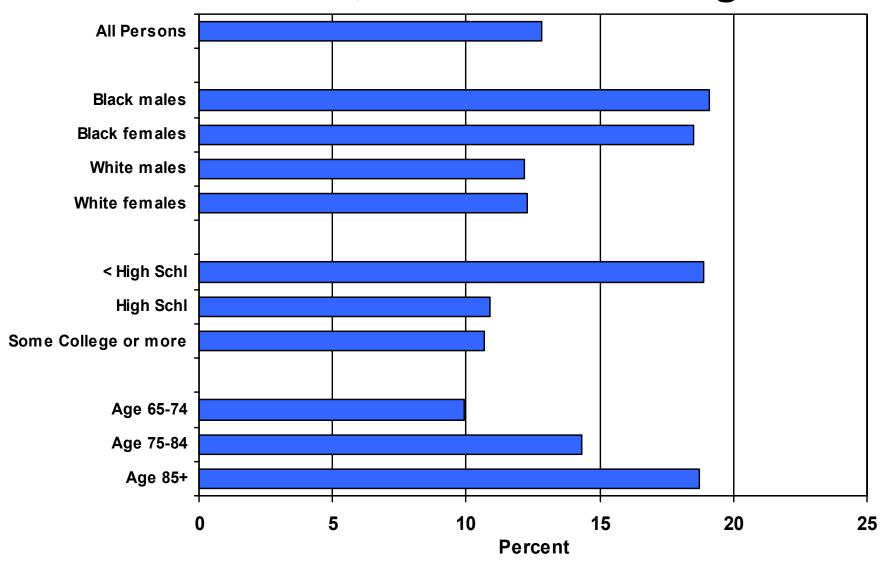
Marital Status and Living Arrangements by Race and Gender



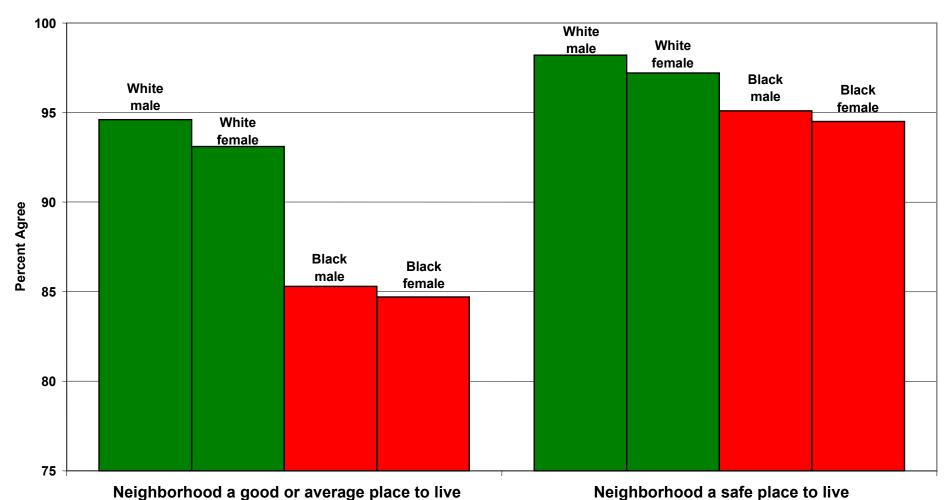
Social Support by Race and Gender



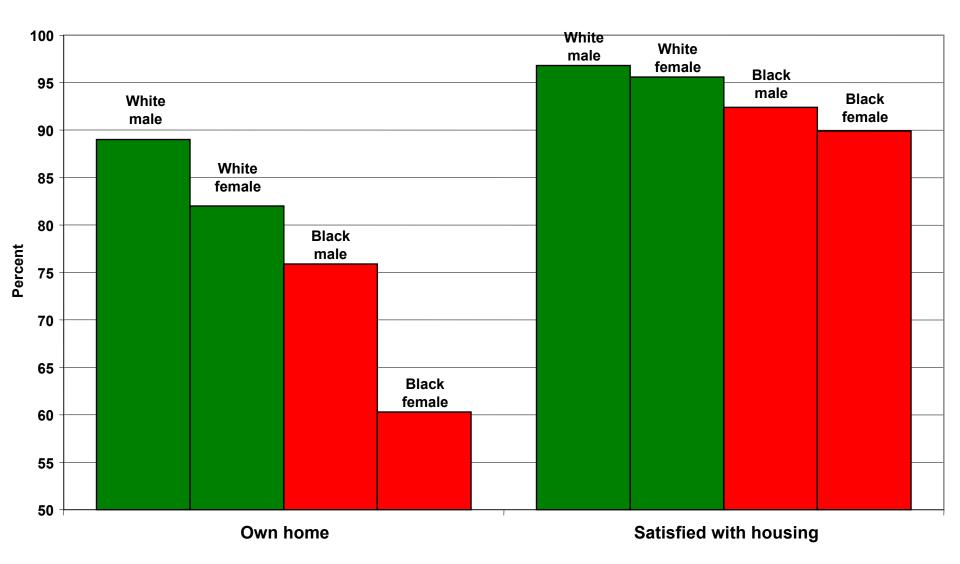
Low or Moderate Social Support by Race and Gender, Education and Age



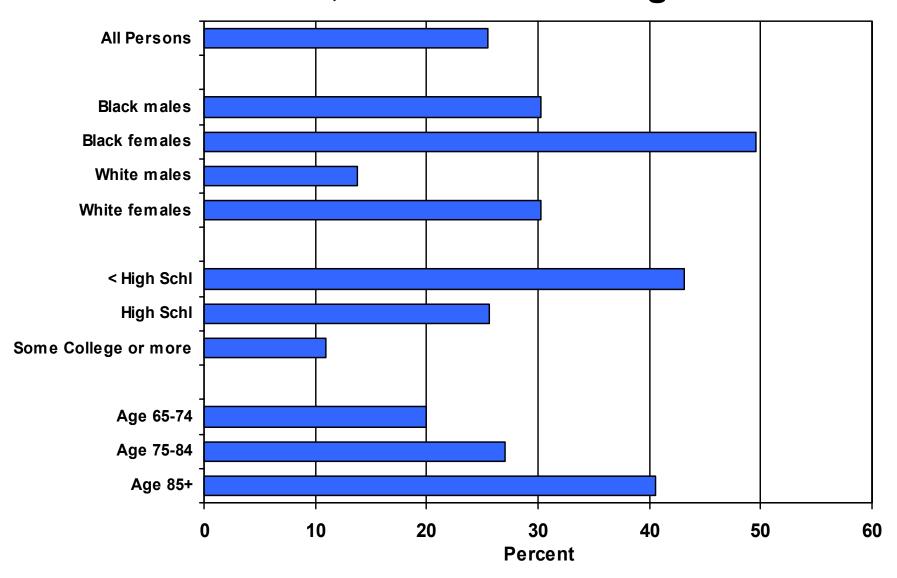
Neighborhood Satisfaction by Race and Gender



Housing Satisfaction by Race and Gender



Low Income (< \$15,000 annually) by Race and Gender, Education and Age

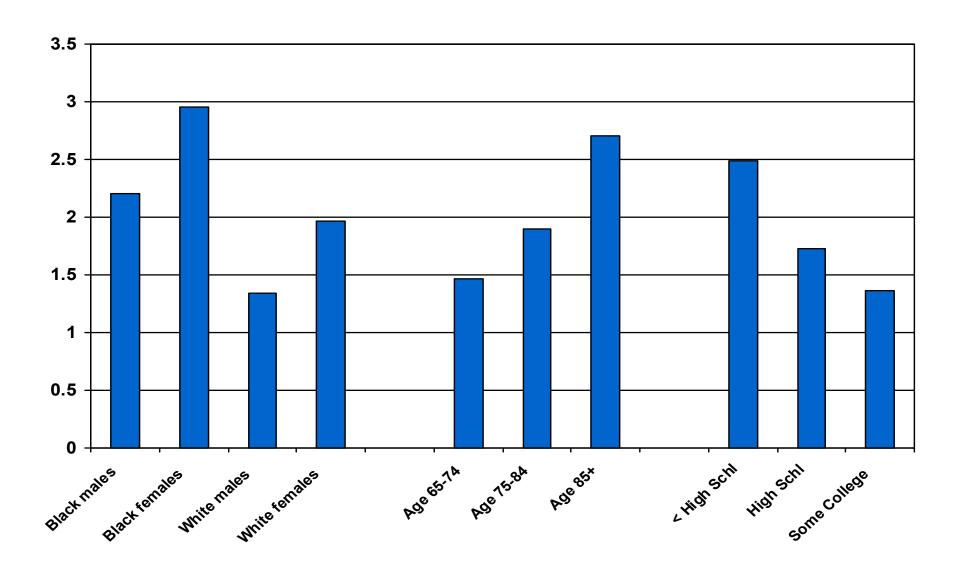


Index of Service Need

Count of indicators (0 to 9):

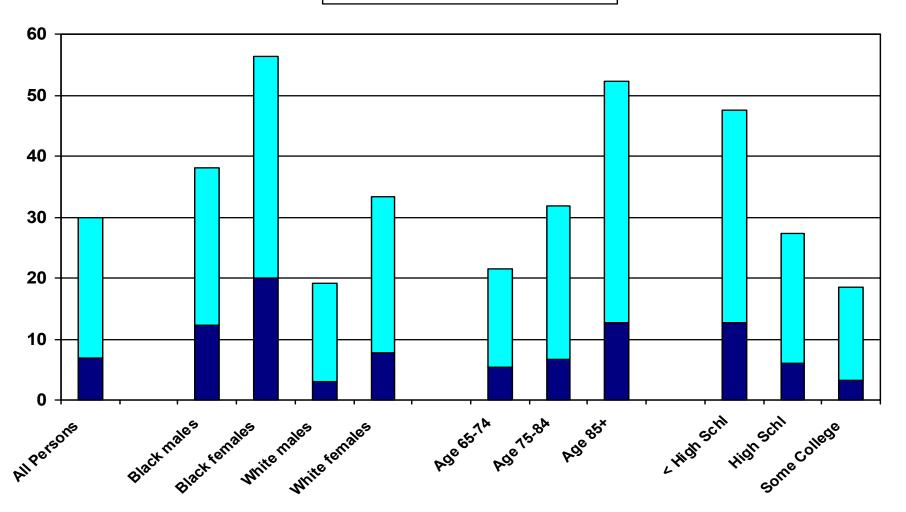
- Very poor, poor or fair self-assessed health
- Poor mental/emotional health (SF-8 Lowest 10%)
- Four or more chronic health conditions
- Unable to do heavy housework
- No insurance besides Medicare
- Lives alone
- Only low or moderate social support (< 3 close relatives and friends)
- Poor or unsafe neighborhood or unsatisfactory housing
- Income below \$15,000

Mean Score on the Service Need Index by Race and Gender, Age, and Education



Percent with High (5+), or Medium (3 - 4) Service Need by Race and Gender, Age, and Education

■ High (5+) □ Medium (3 - 4)



Need for Senior Services: Summary

- Blacks, women, those with the least education, and the oldest-old reported less social support and living alone more.
- While overall levels of neighborhood and housing satisfaction were high, larger numbers of blacks reported that their neighborhood was a poor or unsafe place to live, or were dissatisfied with their housing. Also, fewer blacks reported owning their home.
- Blacks and females (and particularly black females), the oldest old, and those with less education were more likely to have incomes below \$15,000.
- Analysis of the index of need for senior services, reflecting the largely consistent pattern of each indicator, indicated that there is significant need for services, and that blacks, women, (particularly black women), the oldest-old, and those with the least education had the greatest number of service needs.

Summary

- The health status of the elderly in Allegheny County is largely comparable to that of elderly nationally, but perhaps slightly worse due to the larger proportion of oldest old.
- Health insurance coverage, health (physician) care, and the use of healthy behaviors are high in the County, but there is clearly still room for improvement.
- The need for senior services in the County is significant.
- The general pattern for most of these indicators is that blacks, women, the oldest old, those with least education and those who live alone or have low social support are the worst off.