

Chapter 4: What Can Be Done to Promote a Healthy Population Now and in the Future?

Americans are generally living longer and are healthier compared to past generations, but as people age, the likelihood that health will decline increases. Among the older population, certain subgroups—racial and ethnic minorities, those with the fewest financial resources, and the oldest-old (i.e., those age 85 and over)—are particularly vulnerable.

States already must contend with limited resources for health care services. One challenge for states is to find ways to ease the expected increase in demand for health and supportive services in the future, even as the population ages. Another challenge is to be able to respond effectively to the need for care.

Currently, chronic conditions are the major cause of illness, disability, and death in the United States. The continued growth in the number of older people will cause an increase in the number of people who are most vulnerable to, and most affected by, chronic conditions. Age is one of the risk factors for chronic conditions that cannot be modified, as are factors such as gender and genetic predisposition. Other risk factors for chronic conditions are related to health behaviors and environmental conditions – risk factors that can be modified.

The data presented in this chapter underscore the importance of efforts in states to promote healthy behaviors, create a safe and healthy environment, and promote access to appropriate health care services. They also underscore the need to collect and disseminate more health-related data to guide the process of planning for the future.

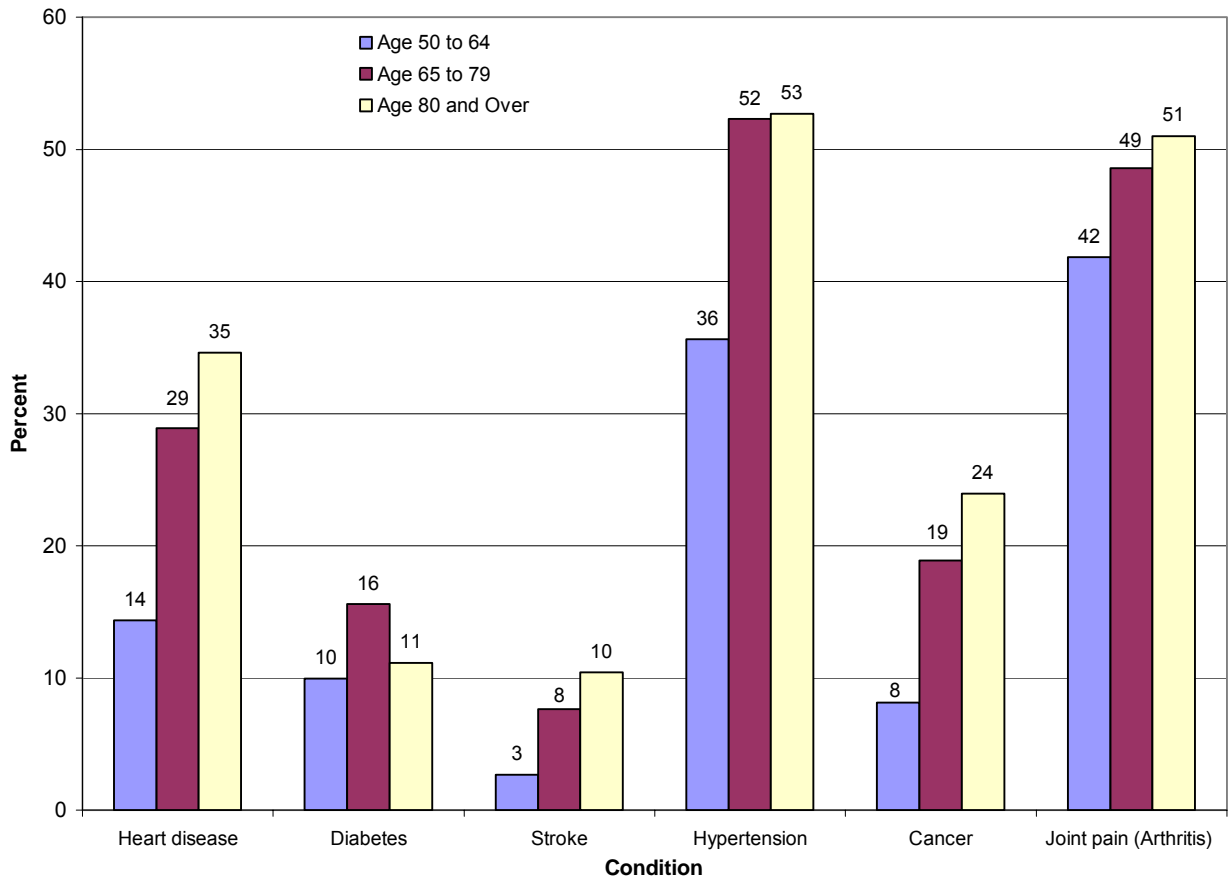
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A substantial proportion of the older population has chronic conditions now

Prevalence of Chronic Conditions Among People Living in the Community, by Age, 2000

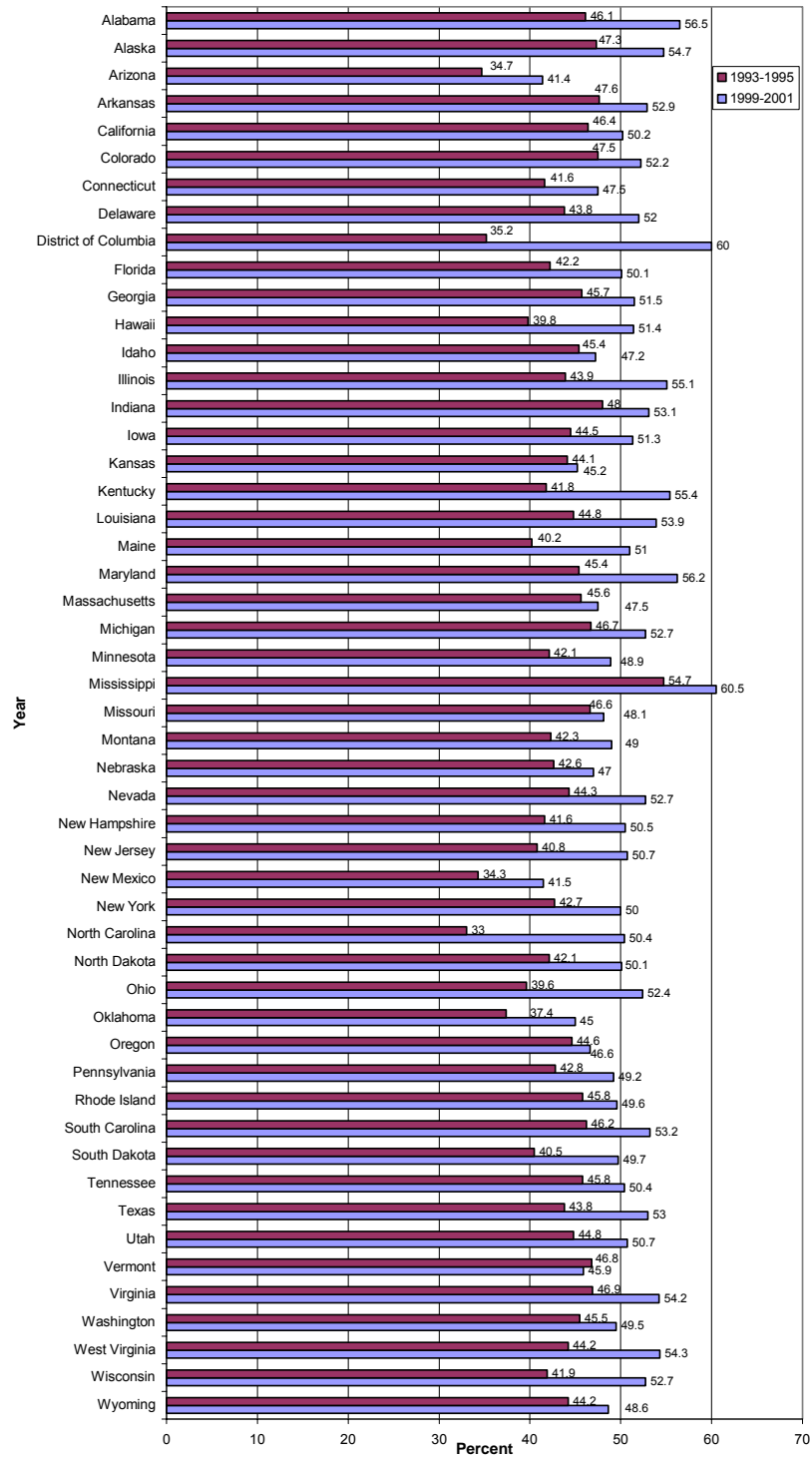


Source: Center on an Aging Society analysis of data from 2000 National Health Interview Surveys.

The continued growth in the number of older people has caused—and will probably continue to cause—an increase in the number of people who are most vulnerable to, and most affected by, chronic conditions.

Disease rates differ among states

Percent of Adults 65 and Older With Hypertension, 1993-1995 and 1999-2001, by State



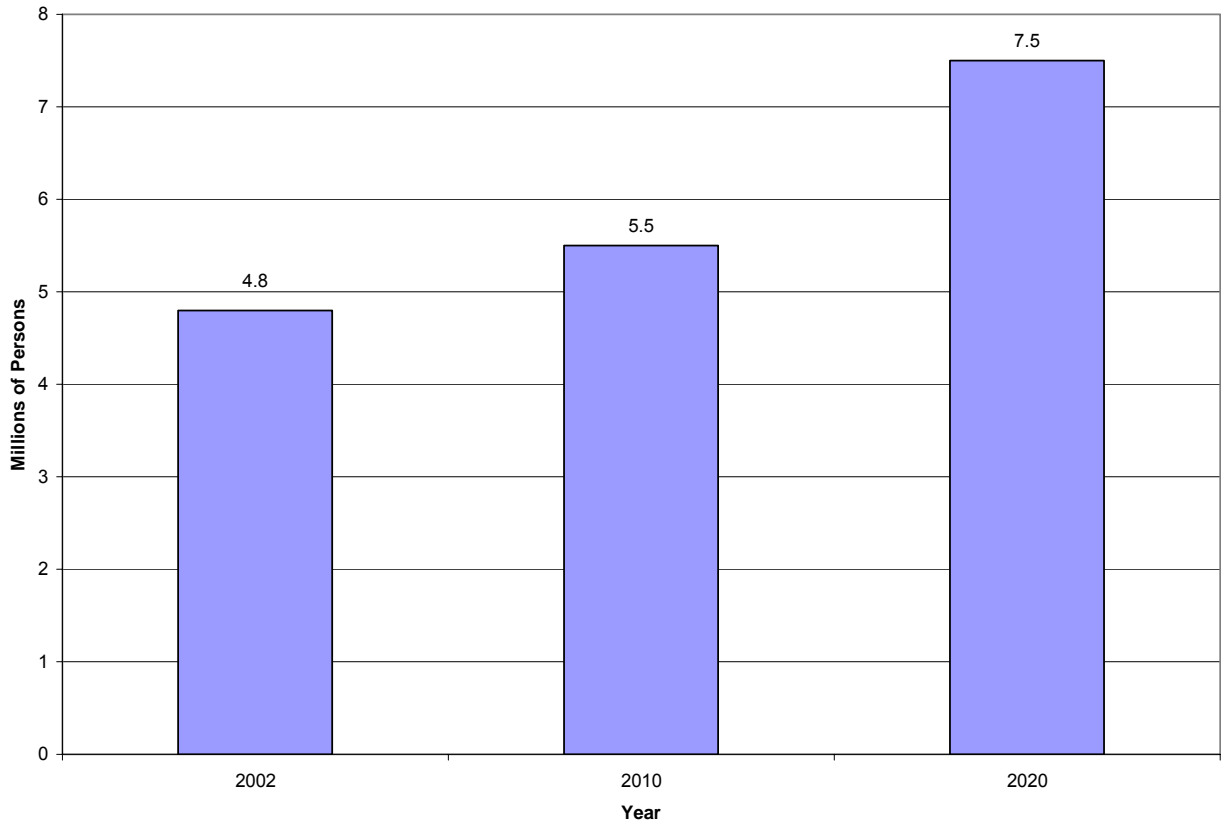
Source: National Center for Health Statistics. *Data Warehouse on Trends in Health and Aging - Hypertension* [Data file]. Retrieved from <http://www.cdc.gov/nchs/agingact.htm>.

Note: Numbers are age-adjusted.

The rate of hypertension for people age 65 and older has increased in almost every state since the early 1990s. Nationally, over half (53 percent) of the population age 65 and older had hypertension in 2001. The rates of hypertension and other conditions also differ across states. Data regarding the extent to which different conditions affect the population are of great value as states plan for disease prevention activities and anticipate the health care needs of the older population.

Chronic conditions may be more common and affect more people in the future

Projections of the Population Age 65 and Older Diagnosed with Diabetes (in Millions)



Source: Hoga, P., Dall, T. & Nikolov, P. (2003). *Economic Costs of Diabetes in the U.S. in 2002*. *Diabetes Care*. 26(3): 917-932.

If past trends are any indication, some chronic conditions may be more common in the future. If disease rates rise while the number of older people grows, an increase in the number of people with chronic conditions can be expected.

Nationally, the number of people age 65 and older diagnosed with diabetes is expected to increase by 56 percent, from 4.8 million in 2002 to 7.5 million in 2020.

**As a result of new diseases and health threats,
different services may be needed in the future**

Number of AIDS Cases for People 65 and Older

	<i>1990</i>	<i>1995</i>	<i>2001</i>
Male	1,797	5,363	9,048
Female	535	1,408	2,507
Total	2,332	6,771	11,555

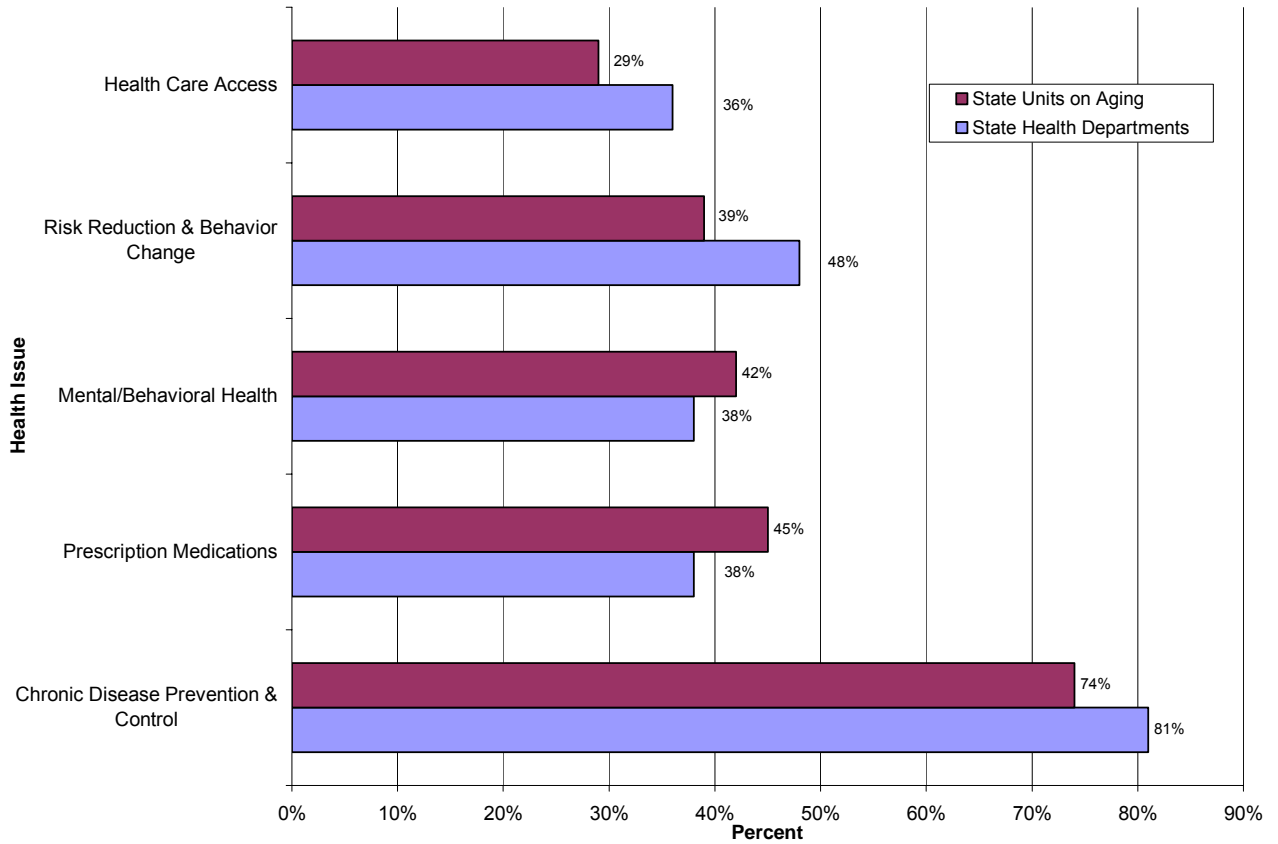
Source: (1990 data) Centers for Disease Control and Prevention. (January 1991). *HIV/AIDS Surveillance Report*. Rockville, MD: National AIDS Information Clearinghouse. (1995 data) Centers for Disease Control and Prevention. (1995). *HIV/AIDS Surveillance Report*. Rockville, MD: National AIDS Information Clearinghouse. (2001 data) Centers for Disease Control and Prevention. (2001). *HIV/AIDS Surveillance Report*. Rockville, MD: National AIDS Information Clearinghouse.

Thirty years ago, HIV/AIDS was virtually unknown. Fifteen years ago, few treatments for the disease were available. Today, although there is no cure, treatments are available and many people are living with HIV/AIDS.

The number of people age 65 and older who have HIV/AIDS has increased dramatically since 1990. This trend suggests that plans for future health care systems must be sufficiently flexible so that they can be responsive to diseases or health threats that are not yet known as well as to unpredictable threats such as those posed by environmental hazards or terrorism.

States recognize the challenges posed by chronic conditions

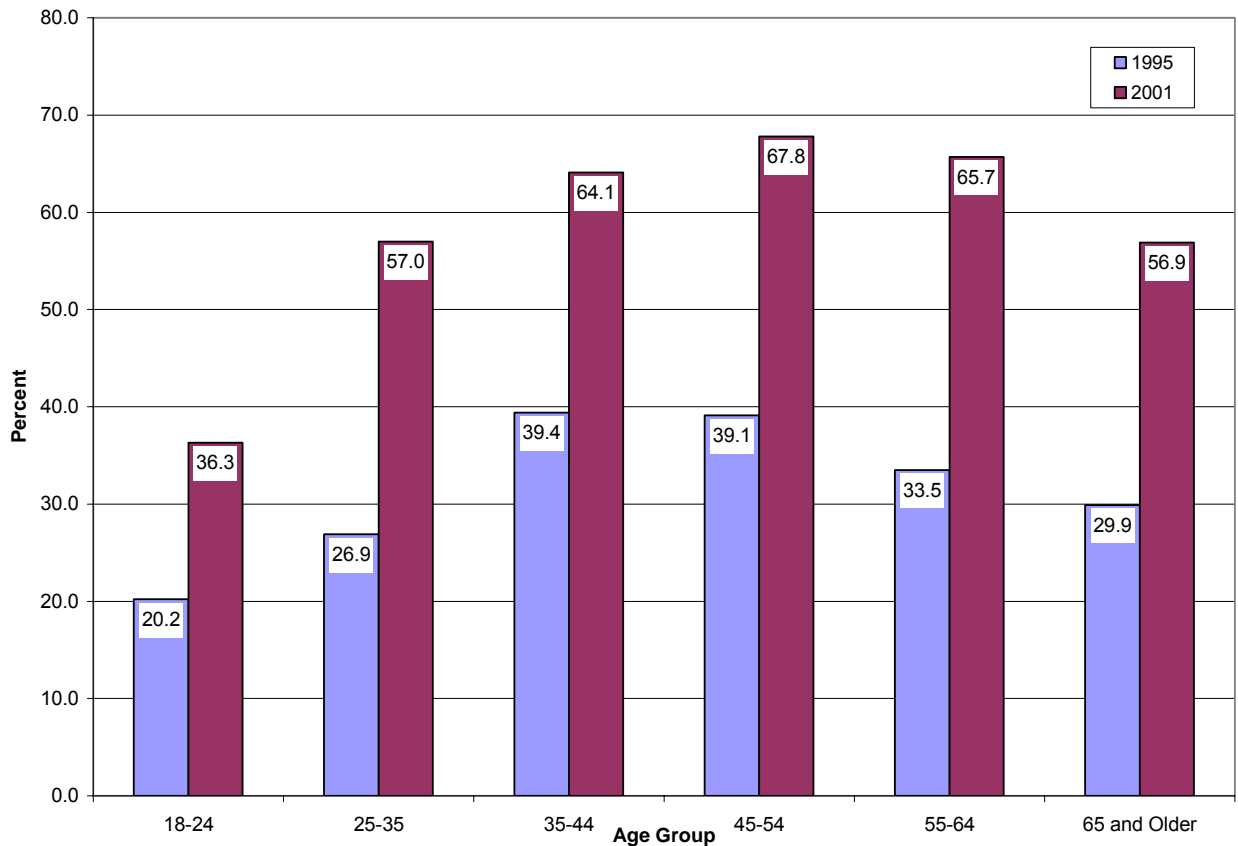
Proportion of State Officials Identifying High Priority Health Issues



Source: Chronic Disease Directors, National Association of State Units on Aging. (2003). *The Aging States Project: Promoting Opportunities for Collaboration Between the Public Health and Aging Services Networks*. Washington, DC: Centers for Disease Control and Prevention, Administration on Aging and the U.S. Department of Health and Human Services.

The increase in obesity rates and the number of people who are overweight is of particular concern

Proportion of Adults in Tennessee at Risk for Health Problems Related to Being Overweight by Age, 1995 and 2001



Source: National Center for Chronic Disease Prevention & Health Promotion, *Behavioral Risk Factor Surveillance System*. Retrieved from <http://apps.nccd.cdc.gov/brfss>.

Note: At risk for health problems related to being overweight is defined as having a body mass index (BMI) of 27.8 for men and 27.3 for women.

Tennessee is the “median” state in terms of the proportion of adults who are overweight. Nationwide, obesity rates have risen dramatically. The current high proportions of younger as well as older adults who are at risk for health problems related to being overweight suggest that the proportion of overweight elderly will be even higher in the future.

Health risks posed by the lack of physical activity differ among states

Percent of Population Age 65 and Older that do not Participate in Physical Activities, 2002

<i>Least Active</i>		<i>Somewhat Active</i>		<i>Most Active</i>	
<i>State</i>	<i>Percent</i>	<i>State</i>	<i>Percent</i>	<i>State</i>	<i>Percent</i>
Tennessee	47.9	Rhode Island	35.6	Connecticut	31.1
Louisiana	40.6	New York	35.5	Wyoming	30.7
North Carolina	39.9	Pennsylvania	35.2	Montana	30.2
Missouri	39.6	Texas	34.6	Nevada	30.0
Kentucky	38.8	Iowa	34.3	North Dakota	29.9
Illinois	38.8	Delaware	33.9	Nebraska	29.7
Mississippi	38.6	Michigan	33.5	New Mexico	29.3
Indiana	38.4	District of Columbia	33.4	South Carolina	29.2
Oklahoma	38.2	South Dakota	32.9	Idaho	29.1
Arkansas	38.2	Utah	32.7	Wisconsin	27.7
Virginia	36.6	Alaska	32.5	Arizona	26.9
Alabama	36.3	Vermont	32.3	California	25.8
Maine	36.3	Massachusetts	32.0	Colorado	25.5
Georgia	36.2	Kansas	31.8	Oregon	24.2
West Virginia	36.1	New Jersey	31.8	Washington	23.3
Florida	35.8	Maryland	31.7	Minnesota	21.3
Ohio	35.7	New Hampshire	31.3	Hawaii	19.5

Source: National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention. *Behavioral Risk Factor Surveillance System Online Prevalence Data, 1995-2002* [Data file]. Retrieved from <http://apps.nccd.cdc.gov/brfss/>.

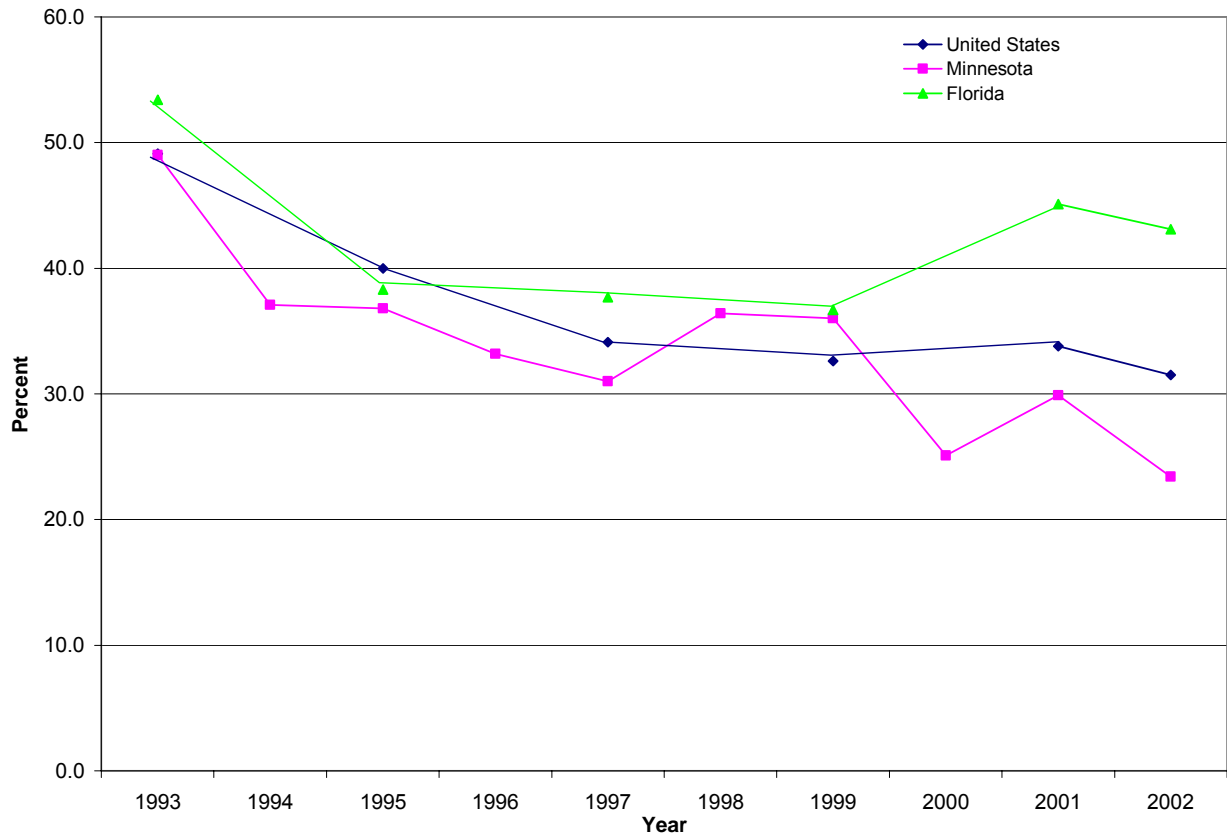
Note: A person is defined as a non-participant if he or she has not participated in any physical activities during the past month.

Within states, older residents fare differently in terms of how close they come to reaching goals for healthy behavior. With a rank of 1 indicating the closest to achieving goals for people age 65 and older, the state of Illinois, for example, ranks 46 for the proportion of people who exercise, 28 for the proportion of people who smoke, 19 for the proportion of people who eat five or more servings of fruits and vegetables daily, and 18 for the proportion of people who are obese.¹

¹ Merck Institute of Aging and Health & The National Academy on an Aging Society. (2003). *The State of Aging and Health in America*. Washington DC: Merck Institute of Aging and Health & The National Academy on an Aging Society.

The use of preventive care can promote health

Proportion of the Population 65+ Who Did Not Get Flu Shots



Source: National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention. *Behavioral Risk Factor Surveillance System Online Prevalence Data, 1995-2002* [Data file]. Retrieved from <http://apps.nccd.cdc.gov/brfss/>.

Note: Florida and Minnesota had the highest and lowest proportions, respectively of people age 65+ who did not get flu shots in 2002.

Preventive measures not only prevent disease but also reduce health care costs. Since 1993, the proportion of people age 65 and older who do not get flu shots has dropped from about half to about one-third in the United States. The decline in the proportion who do not get flu shots has varied among states.

State mandates can help ensure that screening and treatment occur

<i>State</i>	<i>Includes Women with Breast or Cervical Cancer as an Eligibility Group Under Medicaid (2002)</i>	<i>Mandates that Insurers Offer Breast and Cervical Cancer Screening (2002)</i>	<i>Mandates that Insurers Offer Colorectal Cancer Screening (2002)</i>
Alabama	√		
Alaska		√	
Arizona	√		
Arkansas	√		
California	√	√	
Colorado	√		
Connecticut	√		√
Delaware	√	√	√
District of Columbia		√	√
Florida	√		
Georgia	√	√	√
Hawaii	√		
Idaho	√		
Illinois	√	√	√
Indiana	√		√
Iowa	√		
Kansas	√	√	
Kentucky	√		
Louisiana	√	√	
Maine	√	√	
Maryland	√	√	√
Massachusetts		√	
Michigan	√		
Minnesota		√	
Mississippi	√		
Missouri	√	√	√
Montana	√		
Nebraska	√		
Nevada	√	√	
New Hampshire	√		
New Jersey	√	√	√
New Mexico	√	√	
New York		√	
North Carolina	√	√	√
North Dakota	√		
Ohio		√	
Oklahoma			√
Oregon	√	√	
Pennsylvania	√	√	
Rhode Island	√	√	√
South Carolina	√	√	
South Dakota	√		
Tennessee			
Texas			√
Utah	√		
Vermont	√		
Virginia	√	√	√
Washington	√		
West Virginia	√	√	√
Wisconsin	√		
Wyoming	√	√	√

Source: (Medicaid data) Center for Medicaid and State Operations. (2002). *Medicaid at-a-Glance 2002* (Publication No. CMS-11024-02). Washington, DC: Centers for Medicare & Medicaid Services. (Insurer Mandates data) Kaiser Family

One way that states can help ensure that screening and treatment for chronic conditions occurs is to cover certain optional services for Medicaid beneficiaries. For example, states can include women with breast or cervical cancer as an eligibility group under the Medicaid program. Some 36 states offer tobacco-dependence treatments as a Medicaid benefit. Nine states cover both medication and counseling for tobacco dependence. Medication only is covered in an additional 26, and one state covers just counseling.

Another way that states can help ensure that screening and treatment for chronic conditions occurs is to mandate that private insurers offer certain services:

- Every state, with the exception of Utah, mandates screening for breast cancer.
- Some 26 states also mandate coverage for cervical cancer.
- Colorectal and prostate cancer screening are required in 16 and 26 states, respectively.
- Screening for osteoporosis is a mandated benefit in 13 states.

Some states subsidize prescription drug coverage

State Pharmaceutical Assistance Programs, 2004

Alabama	N
Alaska	Y
Arizona	N
Arkansas*	Y
California	N
Colorado	N
Connecticut	Y
Delaware	Y
District of Columbia*	Y
Florida	Y
Georgia	N
Hawaii	N
Idaho	N
Illinois	Y
Indiana	Y
Iowa	N
Kansas	Y
Kentucky	N
Louisiana*	Y
Maine	Y
Maryland	Y
Massachusetts	Y
Michigan	Y
Minnesota	Y
Mississippi	N
Missouri	Y
Montana	N
Nebraska	N
Nevada	Y
New Hampshire	N
New Jersey	Y
New Mexico*	Y
New York	Y
North Carolina	Y
North Dakota	N
Ohio	N
Oklahoma	N
Oregon*	Y
Pennsylvania	Y
Rhode Island	Y
South Carolina	Y
South Dakota	N
Tennessee*	Y
Texas*	Y
Utah	N
Vermont	Y
Virginia	N
Washington*	Y
West Virginia	N
Wisconsin	Y
Wyoming	Y

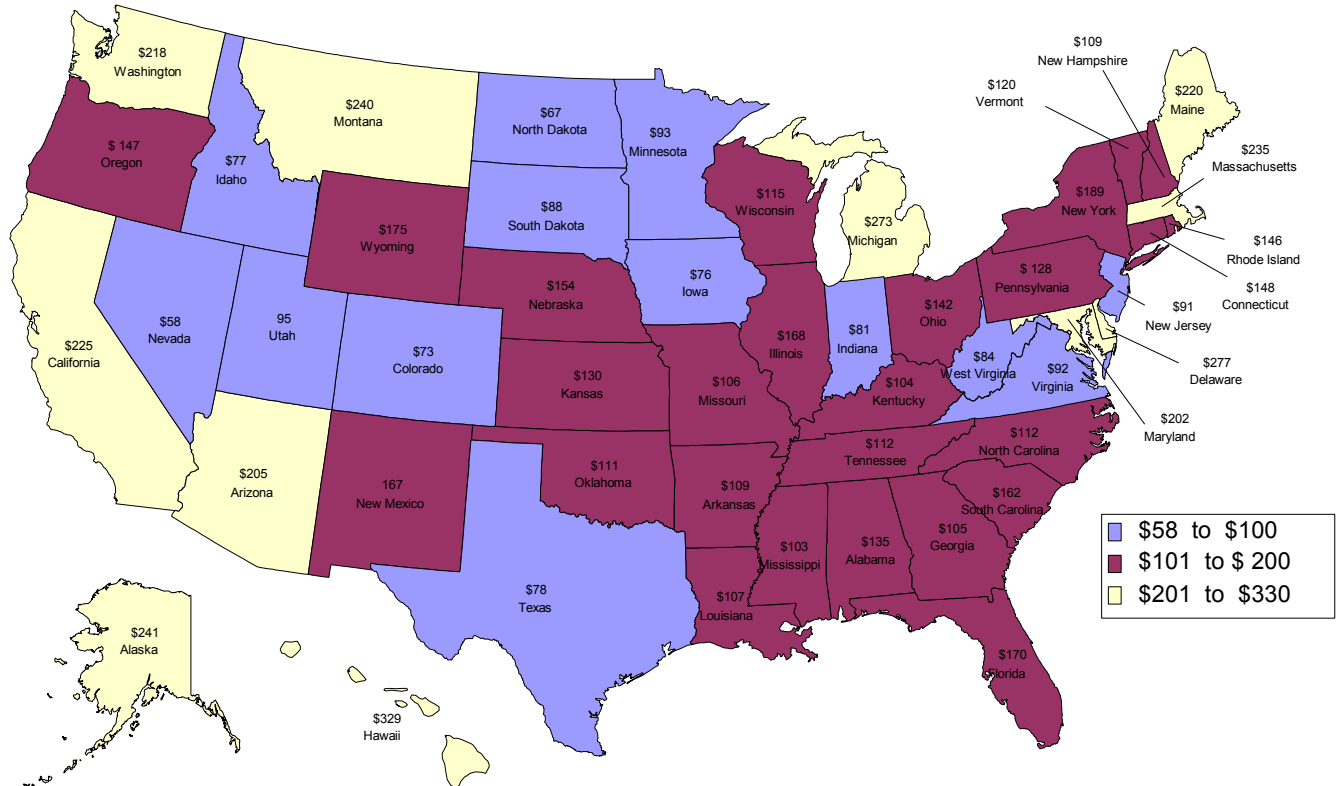
Source: National Conference of State Legislatures (July 2004). State Pharmaceutical Assistance Programs from <http://www.ncsl.org/programs/health/drugaid.htm>.

* Programs not yet operational (as of July 2004).

All states offer prescription drug coverage through the Medicaid program, though the extent of the coverage varies. In addition, 31 states have pharmaceutical assistance programs to help pay for prescription drugs.

State spending on health care varies

State Government Total per Capita Health Expenditures in Fiscal Year 2000



Source: The Nelson A. Rockefeller Institute of Government. *State Rankings, Health Expenditures* [Data file]. Retrieved from the Gateway to State and Local Government Information Web site, http://stateandlocalgateway.rockinst.org/fiscal_trends/state_rankings/.

On average, state governments spent \$151 per capita on health care in fiscal year 2000, but per capita spending ranged from \$58 to \$329, depending on the state.

Increasingly, quality of care is receiving attention

Medicare Service Quality Indicator Averages

<i>State</i>	<i>1998 to 1999</i>	<i>2000 to 2001</i>
Alabama	46	42
Alaska	22	33
Arizona	25	29
Arkansas	50	48
California	39	44
Colorado	9	7
Connecticut	6	9
Delaware	12	14
District of Columbia	31	37
Florida	40	41
Georgia	48	47
Hawaii	23	16
Idaho	19	22
Illinois	47	46
Indiana	29	27
Iowa	8	6
Kansas	34	30
Kentucky	37	40
Louisiana	49	51
Maine	3	3
Maryland	24	25
Massachusetts	4	15
Michigan	28	26
Minnesota	7	10
Missouri	35	28
Montana	17	13
Mississippi	51	50
Nebraska	27	12
Nevada	36	35
New Hampshire	1	1
New Jersey	41	43
New Mexico	32	36
New York	30	24
North Carolina	18	23
North Dakota	5	4
Ohio	33	38
Oklahoma	44	45
Oregon	20	11
Pennsylvania	16	31
Rhode Island	15	17
South Carolina	38	32
South Dakota	26	20
Tennessee	42	39
Texas	45	49
Utah	14	5
Vermont	2	2
Virginia	21	18
Washington	13	19
West Virginia	43	34
Wisconsin	11	8
Wyoming	10	21

Source: Jencks, S.F., Huff, E.D. & Cuerdon, T. (2003). Change in the Quality of Care Delivered to Medicare Beneficiaries, 1998-1999 to 2000-2001. *Journal of American Medicine* 289(3): 305-312.

Note: The indicators measure services that have been proved effective in preventing or treating breast cancer, diabetes, myocardial infarction, heart failure, pneumonia, and stroke.

Concerns about quality of care have prompted the federal Centers for Medicare and Medicaid Services to use specific indicators to measure the quality of care delivered to Medicare beneficiaries. An analysis of performance on 22 of the quality indicators shows that care for Medicare fee-for-services plan beneficiaries improved substantially between two data collection periods, 1998-1999 and 2000-2001.

The demand for information about quality is likely to increase, especially if consumers are asked to make choices about health plans. Almost half the states have developed health maintenance organization (HMO) report cards that rank the performance of competing health plans.²

² American Association of Retired Persons. *State-by-State List of HMO Report Cards Online*. [Data file] Retrieved from <http://www.aarp.org/bulletin/>.