Disability Rate Declines Among Older Americans

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Americans age 65 and older are living longer with fewer disabling health problems, according to a report from the U.S. Census Bureau.

The decline in disability is partly due to increased education levels among seniors, better treatments for cardiovascular diseases, and improvements in the management of chronic conditions, Richard M. Suzman, Ph.D., associate director of behavioral and social research for the National Institute on Aging said at a press briefing sponsored by the National Institutes of Health.

"Education is a particularly powerful factor in both life expectancy and health," Dr. Suzman said.

The report, "65+ in the United States: 2005," draws on existing data to examine the growth of the senior population, longevity and health, economic characteristics, geographic distribution, and social characteristics. The National Institute on Aging, a part of the National Institutes of Health, commissioned the report.

Census officials predict that the number of people age 65 and older will double within the next 25 years, leaving policy makers with more decisions to make on how to pay for and provide care to the senior population.

By 2030, nearly one of every five Americans—about 72 million people—will be 65 or older, said C. Louis Kincannon, director of the U.S. Census Bureau, and already the fastest-growing segment of the U.S. population is seniors age 85 and older.

But if current trends are any indication, those seniors could experience less disability from disease. A number of surveys compiled for the census report show a decline in disability among seniors over the past two decades. For example, one study estimated the level of disability at about 20% in 1999, compared with 26% in 1982.

Studies that assess instrumental activities of daily living, such as cooking, light housework, and using the telephone, show declining trends in disability. However, studies evaluating activities of daily living such as bathing, eating, and dressing show mixed results, according to the report.

Evidence from four surveys shows that about 20% of seniors have chronic disability, 7% to 8% have severe cognitive impairments, and about 30% experience difficulty with mobility.

"There still is a huge burden of disability once you look at the oldest old group," Dr. Jane F. Potter, president of the American Geriatrics Society, said in an interview.

Prevention, including encouraging older patients to exercise regularly, is key in combating disability from chronic conditions, said Dr. Potter, who is also the section chief of geriatrics and gerontology at the University of Nebraska in Omaha.

About 80% of seniors have at least one chronic health condition and half have at least two chronic conditions.

Arthritis and heart disease are among the top chronic conditions affecting seniors. In 1998-2000, 19.3% of people age 75 years and older and 11.8% of those age 65 to 74 had activity limitations caused by arthritis and other musculoskeletal conditions. Heart and circulatory diseases affected 11.1% of seniors age 65 to 74 and 17.1% of seniors age 75 and older, according to data collected between 1998 and 2000.

Improvements in socioeconomic and living conditions in the first part of the 20th century and more recently advancements in public health and biomedical research have led to improvements in U.S. life expectancy. Life expectancy in the United States has reached 76.9 years, compared with 47.3 in 1900 and 68.2 in 1950.

But there are still racial differences in life expectancy, and the United States is lagging behind other populous countries, especially Japan and some Western European countries.

Continued progress on life expectancy will require advances in the prevention and treatment of heart disease, improved knowledge of the genetic links to cancer, and the need to adopt healthy lifestyles, according to the report.

The census report also analyzed how seniors were receiving medical care and other support. Individuals age 65 and older were less likely to have a regular source of medical care than younger people. And seniors were more likely to seek care at the emergency departments. The highest rates of emergency department use were among people age 75 and older, according to the report.

Among long-term care arrangements, home and community-based care is the most common. About 70%-80% of noninstitutionalized seniors receive care from friends and family, frequently with help from a paid provider. But more than 65% of seniors who are noninstitutionalized depend on unpaid help only. Those who receive paid care generally get fewer hours of care per week, according to the report.

Another trend in long-term care is the use of assisted living facilities. A 1999 survey found that more than 800,000 people age 65 and older were living in assisted care facilities, and more than half reported no chronic disability.

"We're in totally unchartered territory," Dr. Jonathan M. Evans, chief of geriatrics and palliative medicine, University of Virginia, Charlottesville, said in an interview.

One of the biggest concerns, Dr. Evans said, is that there will not be enough paid caregivers in 20 years or so to meet the needs of the older population, based on current projections. "We will have to fundamentally rethink the way care is provided," Dr. Evans said.

But it could be an opportunity, he said, to get family members and volunteers involved in providing care within nursing homes and to make nursing homes a part of the community. ■

The report is available online at www.census.gov/prod/2006pubs/p23-209.pdf.

POLICY & PRACTICE

NMHA Names New President

The National Mental Health Association has named David L. Shern, Ph.D., as the organization's new president and CEO. Dr. Shern is currently dean of the Louis de la Parte Florida Mental Health Institute at the University of South Florida, Tampa, and has had 30 years' experience in mental health, particularly in the translation of research into policy and practice. "David Shern has the vision, expertise, and background to lead NMHA into a new era," said Sergio Aguilar Gaxiola, the association's acting chair. His "leadership will enable NMHA to make significant inroads in public opinion, policies, and services for the mental health of all Americans."

Drug-Related ED Visits

Of the 2 million drug-related visits to emergency departments that occurred in 2004, the majority (1.3 million) were for drug misuse or abuse, according to data from the Substance Abuse and Mental Health Services Administration. The findings appear in a new report, "Drug Abuse Warning Network, 2004: National Estimates of Drug-Related Emergency Department Visits." Of the ED visits for misuse or abuse, 30% involved illicit drugs; 25% involved prescription or over-the-counter medications; 15% percent involved illicit drugs and alcohol; 8% involved illicit drugs and pharmaceuticals; and 14% involved illicit drugs, pharmaceuticals, and alcohol. "Most of the 1.3 million visits to emergency rooms involving drug or alcohol misuse or abuse are an opportunity for the health care system to intervene and direct patients to appropriate follow-up care," noted SAMHSA Administrator Charles Curie. Since the survey is considered a new baseline, no comparative data from previous years were available.

Hospital Payments Increased

Medicare is increasing overall payments to inpatient psychiatric facilities an average of 4% beginning next month, the Centers for Medicare and Medicaid Services announced. The increase will go to about 1,800 facilities, including hospitals which only treat psychiatric patients, distinct psychiatric units in acute care hospitals, and critical access hospitals that are paid under a prospective payment system. "We think that's a fair increase," said Mark Covall, executive director of the National Association of Psychiatric Health Systems, adding that this is the first increase since CMS implemented the prospective payment system for inpatient psychiatric facilities in early 2005.

GAO Raps FDA Decision Making

The Food and Drug Administration lacks a clear and effective process for making decisions about postmarketing drug safety issues, according to a recent report from the Government Accountability Office. The GAO noted that "there has been high turnover of Office of Drug Safety directors in the past 10 years, with eight different directors of the office and its various predecessors." Communication is also an issue; insufficient communication between the Office of Drug Safety and the Office of New Drugs divisions has been an ongoing concern and has hindered the decision-making process, the report said. The GAO suggested that Congress consider expanding FDA's authority to require drugmakers to conduct additional postmarket studies when needed. The GAO also recommended establishing a mechanism for specifically tracking postmarketing safety issues, and clarifying the Office of Drug Safety's role in the agency's advisory committee meetings. FDA called the report "well done" and said that the GAO's conclusions were "reasonable and consistent with actions" already underway or planned.

Part D: No Help for Poor Seniors

Less than one-fourth of the Medicare beneficiaries eligible for subsidies under Medicare Part D have enrolled in a plan, according to a report from Families USA. The report, based primarily on enrollment data from the Centers for Medicare and Medicaid Services, found that only 1.7 million of the 7.2 million low-income seniors eligible for the subsidies—or about 24%—have enrolled in Part D. And in 16 states and the District of Columbia, at least four out of five seniors eligible for low-income subsidies are not receiving them, according to the report. "Contrary to promises by the President and congressional leaders, low-income seniors are not receiving help to make their medicines affordable," said Ron Pollack, the group's executive director. "These are the very people who need help the most, yet the administration's promises to them are much more rhetorical than real."

Malpractice "Crisis" Questioned

The idea that malpractice premiums have risen greatly and constitute a "crisis" for physicians is false, according to an article in the May/June issue of Health Affairs. Author Marc A. Rodwin, Ph.D., a law professor at Suffolk University, Boston, and Suffolk law students Hak J. Chang and Jeffrey Clausen, looked at American Medical Association surveys of self-employed physicians from 1970 to 2000. The surveys indicated that, in constant 2000 dollars, premiums rose until 1986, then declined until 1996, and then started rising again but were still lower in 2000 than in 1986. In terms of practice expenses, malpractice premiums rose from being an average of 6% of total expenses in 1970 to 11% in 1986, dropped back to 6% in 1996 and rose to 7% in 2000. The authors acknowledged that their study had limitations, such as the fact that a premium crisis might not be apparent in the study if it existed in only a few states, and that it didn't take into account the effect of state caps on damage awards.

—Joyce Frieden