

# Healthy Aging in Colorado

## Colorado adults, ages 65 and older

ARE WE PREPARED FOR OUR GROWING SENIOR POPULATION?

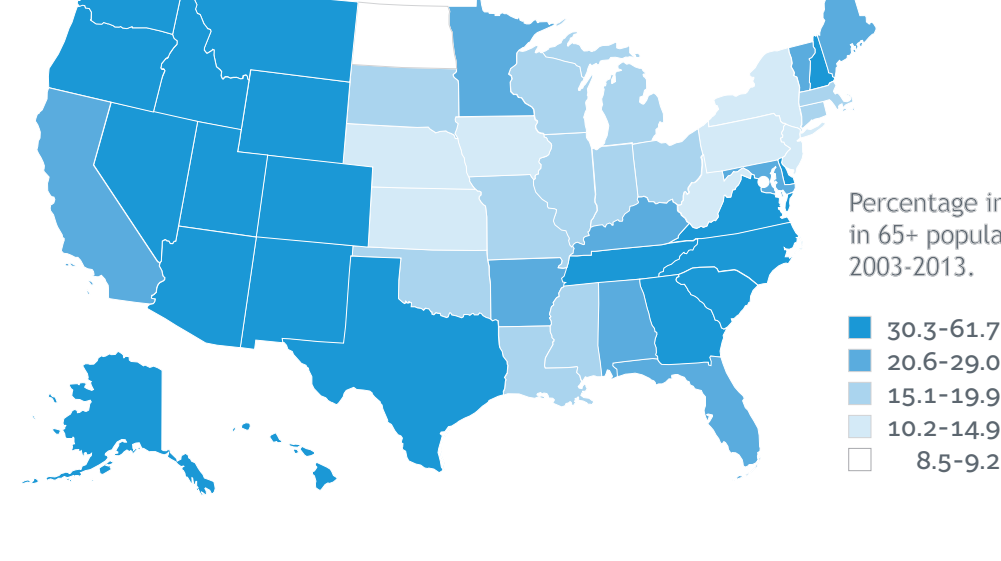
## COLORADO'S OLDER ADULT POPULATION IS GROWING FAST AND LIVING LONGER

Since 1990, life expectancy among Colorado residents has increased from **77.2** years to **80.4** years.

Between 2003 and 2013, the number of Colorado adults ages 65+ increased by **46.8%**.

This was the **3rd** highest rate of growth in the nation.

In the next 15 years (2015-2030) the number is projected to increase by **76.7%**.

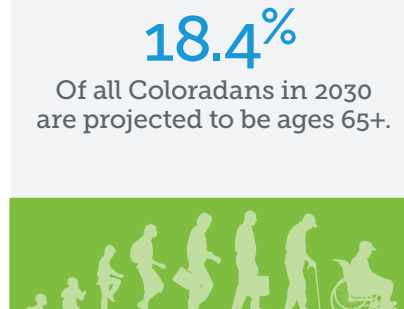


**26%** of all Coloradans in 2010 were baby boomers (born 1946-1964). That's over 1.3 million.

Now and in the future

**13.2%** Of all Coloradans are currently ages 65+.

**18.4%** Of all Coloradans in 2030 are projected to be ages 65+.



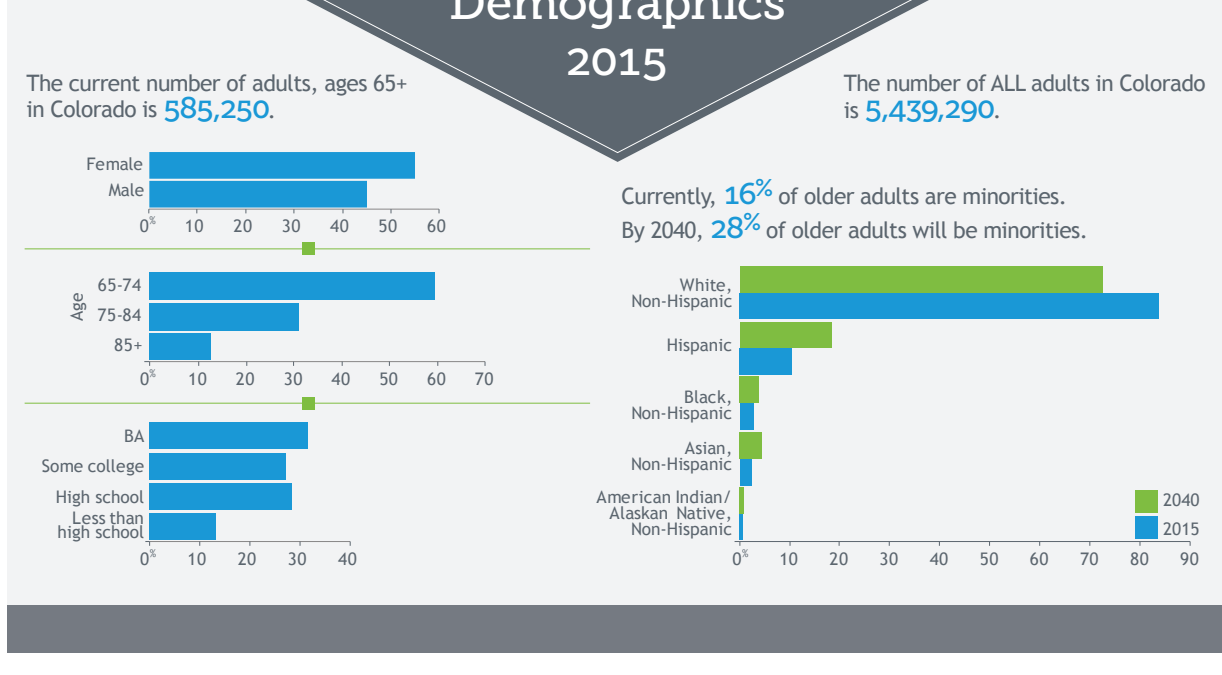
### BURDENS AND OPPORTUNITIES

Healthy aging benefits all of us. The health and wellness of older Coloradans enables them to maintain independence, quality of life and a longer life.

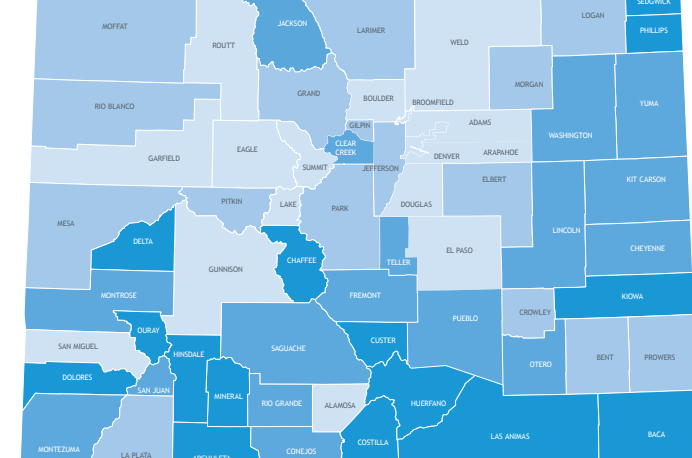
Older Coloradans who benefit from health-conscious behaviors, social supports and preventive screening reduce costs and other burdens for the individual, family, community, the state and the country.

Not everyone is aging as well as others. Some populations suffer more illness, have less access to resources and experience poorer outcomes.

## OLDER ADULT POPULATION IN COLORADO



### PERCENTAGE OF COLORADO ADULTS AGES 65+, 2013



## HEALTH

### FACTORS THAT DETERMINE HEALTH

#### WHAT CAN WE CONTROL?

An individual's health begins even before they are born. Some factors in one's life span can improve one's health while others may be a barrier to good health. The good news is that the majority (about **70%**) of the factors **are controllable by individuals, their friends and families, and the larger community**. Behavior, public policy, and management of our physical environments can significantly affect the health of each of our citizens.

Modifiable	Unmodifiable
<b>ECONOMIC OPPORTUNITIES AND SOCIAL SURROUNDINGS</b> <ul style="list-style-type: none"><li>Education, income and wealth, employment, family and social support, cultural norms, safety, racism and other bias, etc.</li></ul>	<b>RACE/ETHNICITY</b>
<b>INDIVIDUAL BEHAVIORS</b> <ul style="list-style-type: none"><li>Physical activity, diet, tobacco use, alcohol use, oral care, exposure to stress, etc.</li></ul>	<b>HEREDITY (GENES)</b>
<b>PHYSICAL ENVIRONMENT</b> <ul style="list-style-type: none"><li>Where we live, work and play: adequate housing, clean air and water, access to outdoor space for exercise, access to fresh and healthy food, access to public transportation, etc.</li></ul>	<b>AGE</b>
<b>ACCESS TO QUALITY HEALTH CARE</b> <ul style="list-style-type: none"><li>Insurance, preventive care, providers and quality care.</li></ul>	<b>SEX, GENDER IDENTITY, SEXUAL PREFERENCE</b>

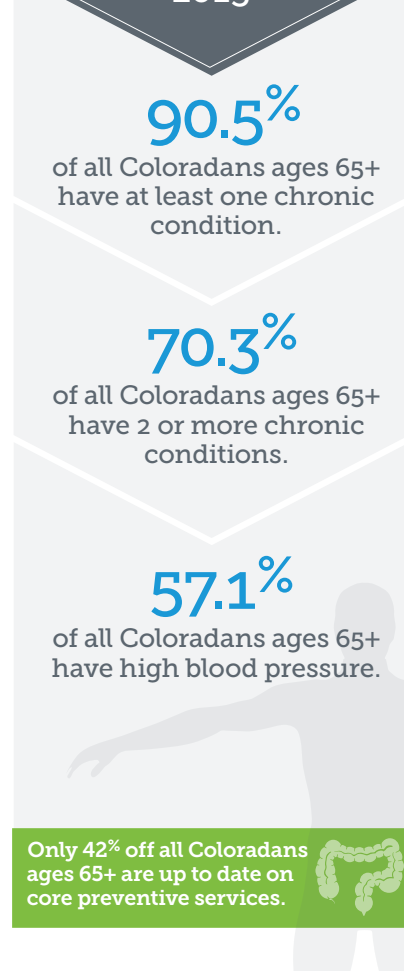
### LEADING CAUSES OF DEATH, AGES 65+, COLORADO 2013

- Heart disease
- Cancer
- Chronic lower lung disease
- Blood vessel disease of the brain
- Alzheimers disease
- Unintentional injuries
- Diabetes
- Influenza and pneumonia
- Kidney disease
- Other diseases of the lungs

### CHRONIC DISEASES CAUSE PAIN AND DISABILITY AND INCREASE HEALTH CARE COSTS

Death is only part of the picture of the burden of chronic diseases among older Coloradans.

These conditions can cause years of pain, disability, and loss of function and independence before resulting in death. Currently, at least **90%** of older Americans are living with at least one chronic condition, and **70%** have at least two. In addition, the burden of many chronic diseases and conditions—especially high blood pressure, diabetes, and cancer—varies widely by race and ethnicity.



### POOR HEALTH—PHYSICAL AND MENTAL—IS NOT AN INEVITABLE CONSEQUENCE OF AGING.

Although the risk for disease and disability clearly increases with advancing age, three behaviors—**smoking, poor diet, and physical inactivity**—were the root causes of almost **35% of U.S. deaths** in 2000.

The tragedy of these leading killers—**heart disease, cancer, stroke and diabetes**—is that they are often preventable.

Adopting healthier behaviors, such as engaging in regular physical activity, eating a healthy diet, leading a tobacco-free lifestyle,

receiving recommended immunizations like flu shots, and getting regular health screenings (for example, **mammograms and colonoscopies**) can dramatically reduce a person's risk for most chronic diseases, including the leading causes of death.



### CAREGIVING

Caregiving for older adults is often informal, provided by family, friends and neighbors.

**29% of the adult U.S. adult population** involving 31 percent of all U.S. households **served as family caregivers** for an ill or disabled relative.

(National Alliance for Caregiving and AARP, 2009)

Many caregivers of older people are themselves older adults. Of those caring for someone ages 65 or older, the **average age of caregivers is 63**, with **1/3** of these caregivers in **fair to poor health themselves**.

(Administration on Aging, 2004)

Almost half—**46%**—of **lesbian, gay, bisexual and transgendered elders** provide caregiving assistance to families of origin or families of choice.

(National Gay and Lesbian Task Force Policy Institute, 2005)

### HEALTH CONDITIONS, LIVING SITUATIONS, COLORADO ADULTS AGES 65+, 2013

High blood pressure: **57.1%** Arthritis: **50.6%** Fair/poor health: **18.9%** Diabetes: **16.8%**  
Depression: **14.3%** Poor mental health: **5.6%** Cognitive impairment: **12.5%** Suicide: **22.4/100,000**

#### FALLS

Each year, **1 in 3** Coloradans ages 65+ falls. These events can lead to **injury, trauma, limitations in mobility** (which in turn can lead to depression, decreased social interaction, chronic disease and other injury), **hospitalization, disability and death**.

Falls are the leading cause of both fatal and nonfatal injuries.

In 2013, **\$34 billion** was spent in the U.S. for direct medical costs of falls.

Fall-related injury hospitalizations rate (per 100,000), Colorado adults ages 65+



#### LIVING SITUATION

Live alone: **41.6%** Experience housing insecurity: **17.3%** Experience food insecurity: **9.8%**

\* Medicaid clients who receive home and community-based services

Abuse, neglect and exploitation: **2,260 cases**

Over **80%** of older adults report excellent, very good or good health.

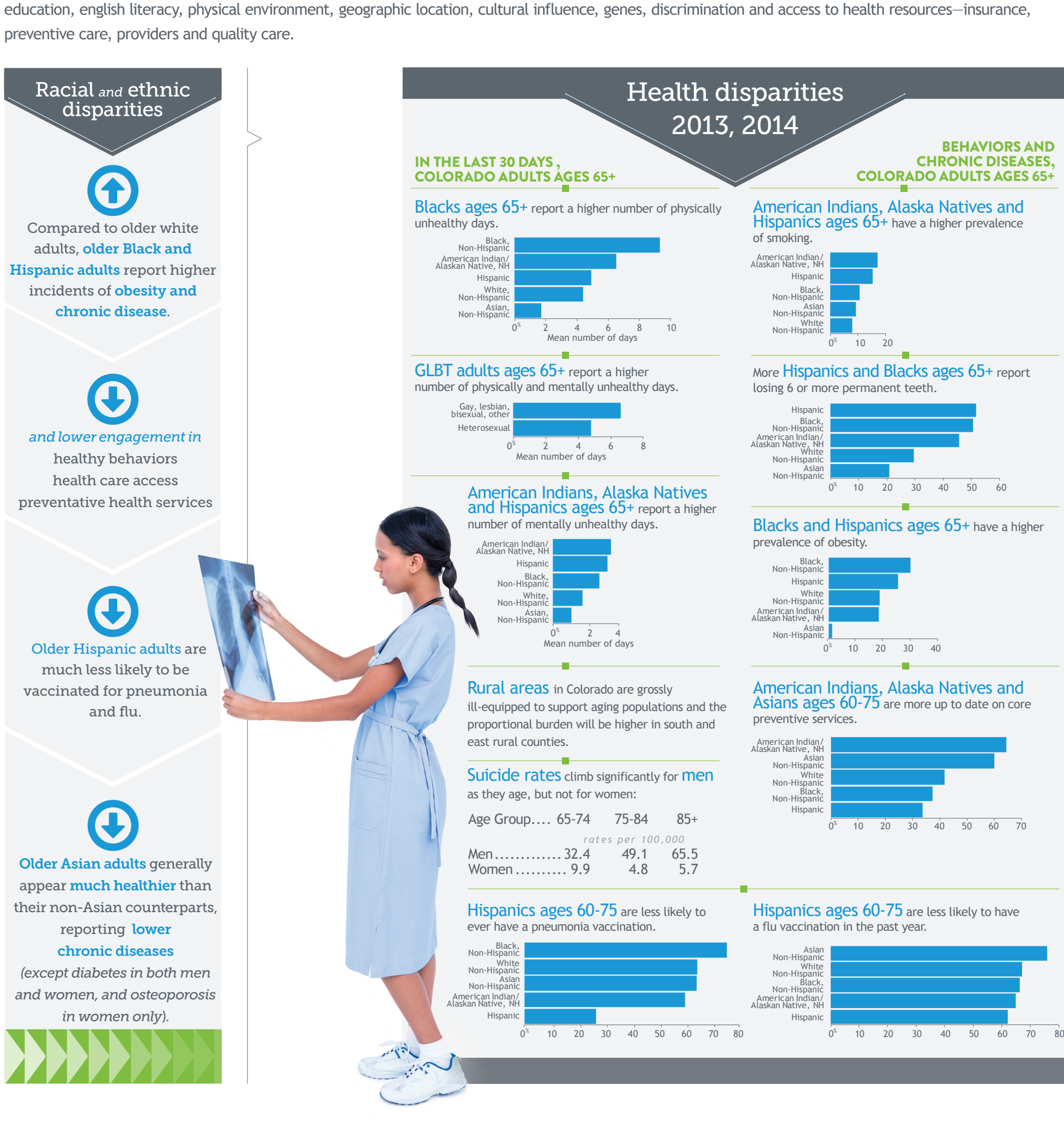
More than **three in every four (79%)** older motor vehicle occupants (drivers and passengers) involved in fatal crashes in the U.S. in 2010, were wearing seat belts at the time of the crash, compared to 66% for other adult occupants (18 to 64 years of age).

Colorado ranks **2nd in the nation (76.1%)** in reported physical activity (in the last 30 days) by adults ages 65+ (running, calisthenics, golf, gardening or walking).

## DISPARITIES

### WHAT ARE HEALTH DISPARITIES?

Health disparities are evidence-based differences in the burden of disease, injury, disability and death in specific populations. These populations can be identified by race/ethnicity, gender, gender identity, sexual orientation, physical ability, immigration status, and age. Research continues to explore the causes of health disparities, but this is what we know to be true: health disparities are a result of a complex interplay between behaviors, socio-economic status, education, English literacy, physical environment, geographic location, cultural influence, genes, discrimination and access to health resources—insurance, preventive care, providers and quality care.



## CALL TO ACTION

Illnesses in our aging population require less care and incur fewer health-care costs. The growing prevalence of chronic conditions and degenerative illnesses in our rapidly-growing senior population will generate an economic incentive for Colorado to build better supports, services and systems to improve health outcomes.



**The State of Aging and Health in America, 2013**, developed by the Centers for Disease Control and Prevention (CDC), presents several calls to action intended to encourage individuals, professionals, and communities to take specific steps to improve the health and well being of older adults. They include the following:

- Developing a new Healthy Brain Initiative Road Map,
- Addressing lesbian, gay, bisexual, and transgender (LGBT) aging and health issues,
- Addressing mental distress among older adults,
- Monitoring vaccination rates for shingles, and
- Using data on physically unhealthy days to guide interventions.

The health and well-being of our aging Coloradans and their families—often called on to act as caregivers—is a priority of the Colorado Department of Public Health and Environment (CDPHE).

This cannot be done by the department alone, but in partnership with other state and local agencies, non-profits, advocates and the private sector.

The Department supports the creation of communities that support aging in place, where older adults are:

- Living in environments that are safe, affordable, walkable, healthy, and inclusive,
- Included in decision-making affecting them,
- Connected and have a sense of belonging, and
- Recognized for their past as well as their present contributions.

**Colorado's Healthy Aging Plan, 2015**, developed by CDPHE, presents five key focus areas to make measurable improvements for our older population. The plan's success depends on collaboration with partners from across the state. A Colorado that is better for older adults is better for our citizens of all ages. The plan focus areas include:

- Dementia,
- Fall prevention,
- Diabetes,
- Suicide prevention, and
- Community-based and family-centered care.

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