HEALTH AND WELLNESS

COUNTY EXECUTIVE'S SUMMIT ON AGING
DECEMBER 2015

READ AHEAD PAPER

MONTGOMERY COUNTY, MARYLAND

HEALTH AND WELLNESS

The County Executive is committed to fostering Healthy and Sustainable Communities and Ensuring Vital Living for all Residents. Wellness is more than the absence of illness or disability, it involves maximizing one's capacity to participate in meaningful activity throughout the lifespan and remain actively engaged in part of the community. This paper explores issues related to this topic, including how well older adults in Montgomery County are achieving these goals.

Background

National data indicate that over the last several decades the overall health of seniors has been improving (see Figure 1). However, significant disparities remain in health status among sub-sets of the population, with minority and lower income populations experiencing increased morbidity and mortality from such diseases as cancer and cardiovascular disease (see Figure 2). After declining steadily for more than 20 years, experts anticipate that overall disability levels among seniors may soon begin increasing. However, due in part to the current obesity epidemic, middle-aged adults tend to be less healthy today than in the past, leading some experts to predict increased levels of disability and chronic disease as these adults grow older. In Montgomery County, the combination of increasing numbers of seniors and static (or increasing) disability rates leads to the projection that the number of seniors with one or more disabilities is likely to double by 2030 (see Figure 3).

Due to improved healthcare, older individuals are more likely to live for long periods of time with such chronic diseases and conditions such as arthritis, hypertension and diabetes. Another consequence of increasing longevity is that age-related cognitive impairment (i.e., Alzheimer's and related dementias) is increasing. The number of County residents with moderate to severe cognitive impairment is currently estimated to be approximately 11,000 but this number is projected to double by the year 2030. It is possible that improved treatments, earlier detection and healthier lifestyles could reduce these numbers or mitigate the severity of impairments experienced by aging Montgomery County residents.

According to the Surgeon General's Report (1999) on Mental Health, almost 20% of persons 55 and older experience specific mental disorders that are not part of "normal aging." They are also an age group with one of the highest rates of completed suicides. But the rate of utilization of mental health services for seniors is lower than any other group. Despite comprising 14 of the population seniors account for only 7% of all impatient services, 6% of community-based services and 9% of

private psychiatric care.

The utilization can be due to many factors such as misattribution of psychiatric symptoms to cognitive impairment, physical disorders or "normal aging" by others and underreporting of psychiatric symptoms due to forgetfulness and social stigma by the senior. It may also be more difficult for seniors to travel to traditional office based mental health services. To overcome many of the above mentioned barriers, the DHHS BHCS Mental Health Services for Seniors has been focused on providing services to seniors and caregivers where they live or in places where they frequently congregate.

These services focus on both treatment and prevention and are available to both English and Spanish in FY15. Mental Health Services for seniors provided a total of 1348 home visits to a total of 108 seniors. Our prevention services served 381 seniors through drop in groups at senior centers, meetings with individuals at senior centers, consultation to providers and training to providers of services to seniors.

When older adults develop frailty or impairments, they most often turn to family members (spouses and adult children) for assistance. It is currently estimated that around 80% of all assistance to disabled seniors is provided through "informal" assistance (i.e., unpaid family members acting as caregivers). Unfortunately, as we look to the future, projections indicate that as the number of disabled seniors doubles over the next 20 years, the number of available informal caregivers will actually decline. Lower birth rates, increasing divorce rates, geographic mobility among family members, economic changes and a much higher percentage of women in the workforce compared to earlier generations may mean that as the number of seniors increases, fewer family members and friends are available to provide the caregiving and companionship that is so critical to health and quality of life.

CHALLENGES AND OPPORTUNITIES

Issues relating to improving health and wellness largely can be aggregated into two categories: prevention and access. From the perspective of both individuals and society, preventing disabilities is the clear preference. However, if and when disabilities or illness develop, having access to appropriate treatments becomes critical.

PREVENTION

The good news is that prevention works. Prevention includes preventing disability in the first place (primary prevention), diagnosing and treating illness at the earliest possible stage (secondary prevention) and reducing the full impact of illness (tertiary prevention). The wellness field is increasingly focused on what has been termed "compressed morbidity," which refers to individuals not only living longer, but spending a shorter percentage of their lives with any form of incapacitating disability.

Research shows that compressed morbidity is in fact occurring but only among those who practice healthy lifestyle behaviors.
Most seniors realize that maintaining good physical health is most easily achieved through exercise and good nutrition, yet often these habits are neglected. Physical activity, particularly weight bearing exercises, increases muscle strength and endurance, and decreases the likelihood of falls, frailty and functional disabilities. Walkable communities or any life style modification that fosters physical activity, are linked with the prevention of disabling conditions. Among the oldest-old falls and/or the fear of falling can lead to fears about engaging in physical activities such as walking. Fear of falling often leads to social isolation and ironically may increase the risk of injury because lack of exercise may lead to muscle atrophy and weakness. Good nutrition is another vital behavior that can help prevent and reduce the severity of many acute and chronic health conditions. Healthy eating can be compromised by either too much or too little food and/or kinds of food. While food insecurity (i.e., lack of food) due to poverty is a diminishing threat among seniors, factors that do place seniors at risk of malnutrition include dental problems and social isolation.

For instance, seniors who no longer can safely drive may be unable to readily access grocery stores without assistance from family, friends and neighbors.

Mental health among seniors is influenced by a variety of factors, including sleep hygiene, nutrition, physical exercise, underlying medical condition, social engagement and mental activity.

In recent years, the media has focused on the use of cognitive exercises (e.g., computer games and reading) as a way for seniors to remain mentally alert. Often ignored, however, is the fact that protracted sleep deficits, poor nutrition and depression can lead to symptoms of cognitive decline. These symptoms are easily reversible once the contributing factors are addressed through corrective actions. Increased physical activity has been linked with improved blood flow to the brain and is associated with decreased risks of stroke and other organic dementias. Socialization is an undervalued prevention strategy for cognitive health. The practice of engaging with other individuals, through socialization or volunteering has been strongly linked with decreased risk of developing dementia as well as depressive disorders.

ACCESS TO HEALTHCARE

Not all illnesses or disabilities can be prevented; hence as a society we must be concerned with timely and equitable provision of treatment. Over half of all hospital inpatients stays are for individuals age 65 and over, yet they comprise only 11% of the County population. Some of the major treatment avenues available to seniors include: medical/surgical treatment; assistive devices; home modifications and chronic disease self-management programs. Each of these approaches has been used throughout the country the past several decades and each offers promise for the future.

Barriers to access are a key factor contributing to health disparities in our County. Barriers that need to be addressed include:

- Lack of knowledge on the part of seniors about services and benefits they might be eligible for
- Reimbursement limits on Federal/State programs like Medicare and Medicaid;
- Transportation to and from appointments; and
- Lack of trained healthcare workers (doctors, nurses, home health aides) with knowledge and experience in geriatrics.

ALIGNMENT WITH COUNTY EXECUTIVE ISIAH LEGGETT'S PRIORITIES

Examples of what the County is currently offering:

- Five senior centers, operated by the Montgomery County Recreation Department (MCRD), and two municipal centers (Rockville and Gaithersburg) provide a wide variety of health promotion and leisure activities five days a week. They offer a number of activities including health screenings, health education, and exercise classes. In addition, 13 neighborhood senior programs housed in community centers and senior apartment buildings provide exercise, entertainment, and guest lectures.

- Five hospitals located in the County offer a wide range of education and support on various health topics. They also provide exercise programs such as: *Senior Fit* (an evidence-based program) and *Senior Shape*; mall walking programs; and aquatics programs. Suburban Hospital provides health screenings at many senior centers as part of its HeartWell program and sponsors OASIS, an educational program addressing many interests of the older community, including health education and exercise. Holy Cross Hospital provides operational support to *Senior Source*, offers an array of evidence-based health and wellness classes (including *Stanford Chronic Disease Self-Management Program, UCLA Center on Aging's Memory Training Course,* and a falls prevention program called *A Matter of Balance),* health screenings and intellectually stimulating programs for active senior adults 55 years of age and older.

- Three branches of the YMCA serve seniors in Montgomery County. The Jewish Community Center of Greater Washington and Jewish Council for the Aging of Greater Washington (JCA) each provide exercise and fitness opportunities. JCA is a Maryland Department of Aging grantee that has provided to County residents both *Active Living Every Day* and the *Stanford*

Chronic Disease Self-Management Program, two evidence-based health promotion programs.

The Department of Health and Human Services (DHHS) supports three minority health initiatives: Latino Health Initiative, African American Health Program and Asian American Health Initiative. These three programs all conduct activities aimed at improving health among seniors. The African American Health Program, for example, holds diabetes classes and dinner clubs, which are well attended by older adults. Other department activities, such as efforts to educate community residents about cancer and heart disease, inspect food facilities and nursing homes prevent communicable disease and increase access to health care benefit seniors as well.

ISSUES/CHALLENGES

- Lack of data regarding who does/does not take advantage of programs currently available through hospitals, local government, non-profits, etc.
- Continuing health disparities based on age, race/ethnicity, and income/education
- Lack of knowledge within the community about health resources and healthy lifestyles
- Lack of adherence to healthy lifestyles (i.e., often people "know" what's good for them but don't follow through and/or their environment isn't conducive to healthy lifestyle)
- Frailer seniors attending senior center programs who are not staffed to address their needs
- Universal health-care
- Hospital re-admissions

RECOMMENDATIONS/ACTIONS STEPS (preliminary list)

- Increase knowledge about health status of County seniors, including disparities by race, ethnicity, income, gender and other variables. [The recommended DHHS Community Health Improvement Process (CHIP) provides an opportunity to collect this data].
- Improve access and knowledge about health issues and healthy lifestyle options through effective outreach/education strategies that take into consideration differences in education level, language and culture.
- Promote a single-point of entry or information source to refer seniors with various health and quality of life concerns to government and nonprofit programs that can help them.
- Increase use of the medicine.
- Increase access to assistive devices and home modifications.

- Promote walkable community, including: zoning to allow for stores close to housing, sidewalks and bike lanes, improved lighting and public safety.
- Increase availability and access to evidence-based health promotion programs such as the *Stanford Chronic Disease Self-Management Program*, *UCLA Center on Aging's Memory Training Course*, and *A Matter of Balance*, *Stepping On and PEARLS*
- Increase availability and utilization of health promotion activities geared toward seniors.
- Increase access to recreation and socialization activities for seniors as well as volunteer opportunities.
- "Senior Plus" option for frailer seniors who do not meet Medical Adult Day Care requirements.
- Implement more extensive fall prevention programs, including identifying those at risk for falls, and interventions that reduce falls and fear of falling (e.g., weight training, tai chi).
- Increase the availability of mental health services to seniors.

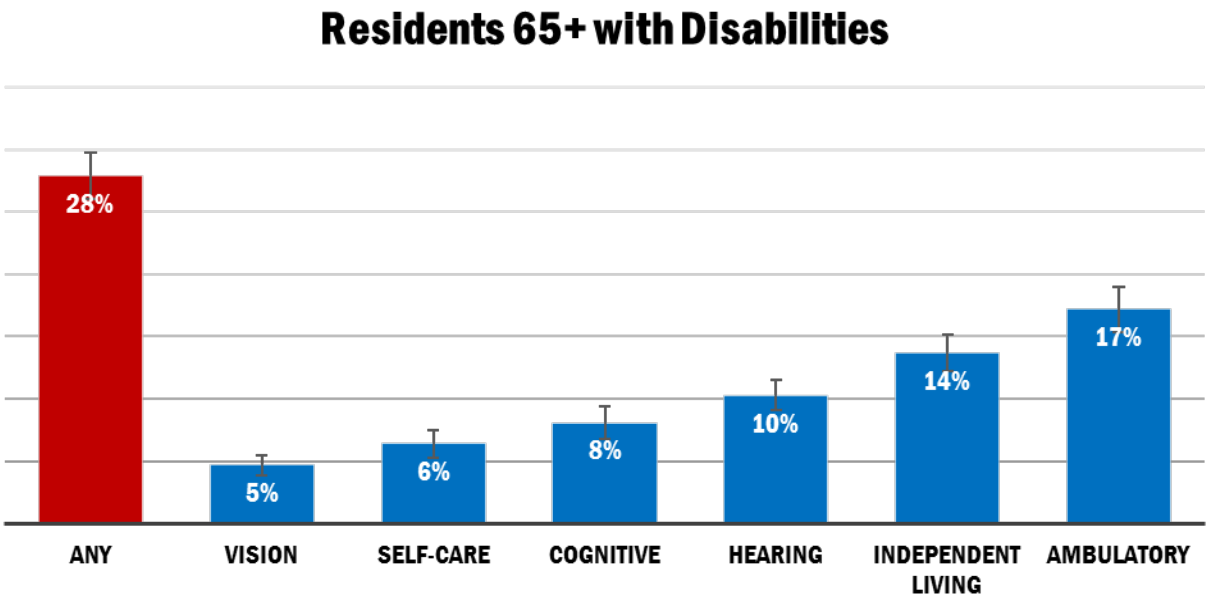
AGE FRIENDLY COMMUNITY: DEMOGRAPHICS FOR HEALTH (VERSION 1.0)

BACKGROUND

This memo provides a summary of statistics on the County's residents, 65 years of age and over. Unless otherwise stated, this data comes from the US Census Bureau's American Community Survey. County-level statistics are from 2014. Maps and other data at the place or Census tract level are based on five year averages from 2009-2013.

DISABILITY RATES FOR RESIDENTS, 65+

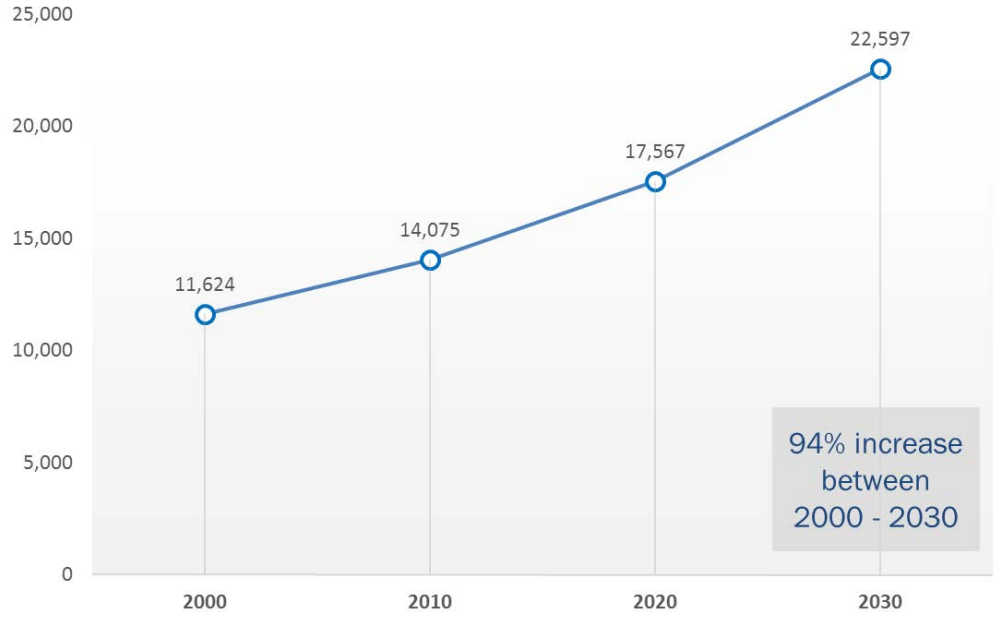
From the American Community Survey, 2014:



Note that the 2014 data suggests that disability rates are slightly higher for Hispanic residents (31%) compared to Black (28%), Asian (28%), and White (Non-Hispanic) residents (27%). However, these differences are largely within the margin of error.

The difference in disability rates by poverty status is noteworthy: residents 65+ below the poverty line have a disability rate of 37% compared to 27% for those above poverty.

SENIORS WITH DIMENTIA (DATA FROM MC-DHHS)

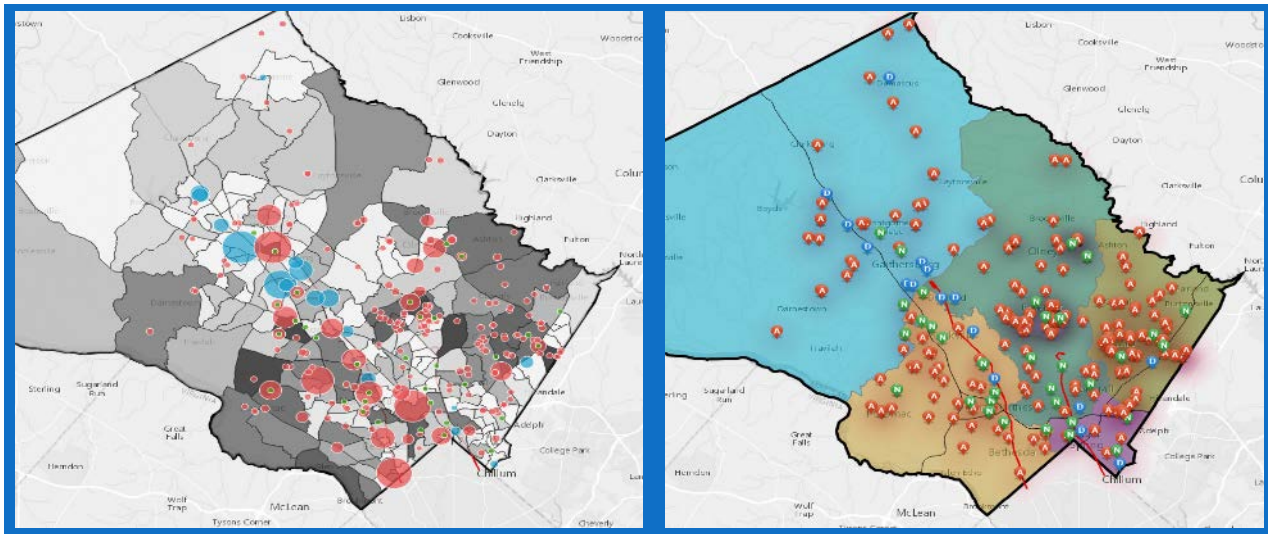


HOME-BASED CARE

As of August 2015, the County was home to 165 home care agencies and 143 residential services agencies according to the State of Maryland. (Total of 308).

SENIOR FACILITIES

The maps below show the distribution of adult medical day care facilities (blue-D), assisted living programs (red-A), and nursing homes (green-N). The size of the circles in the map on the left show the number of "seats" by facility for medical day care and assisted living programs (this data is not available for nursing homes).

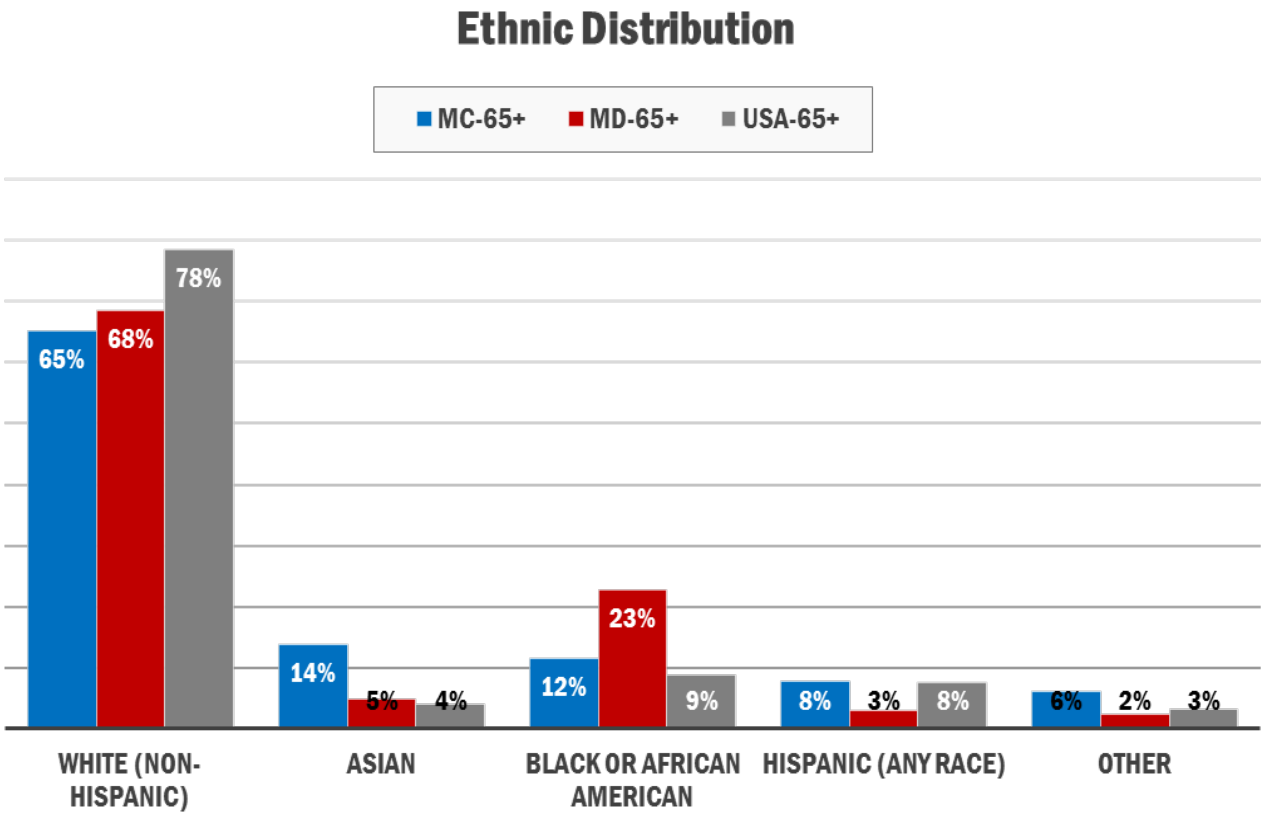


DIVERSITY OF MONTGOMERY COUNTY RESIDENTS, 65+

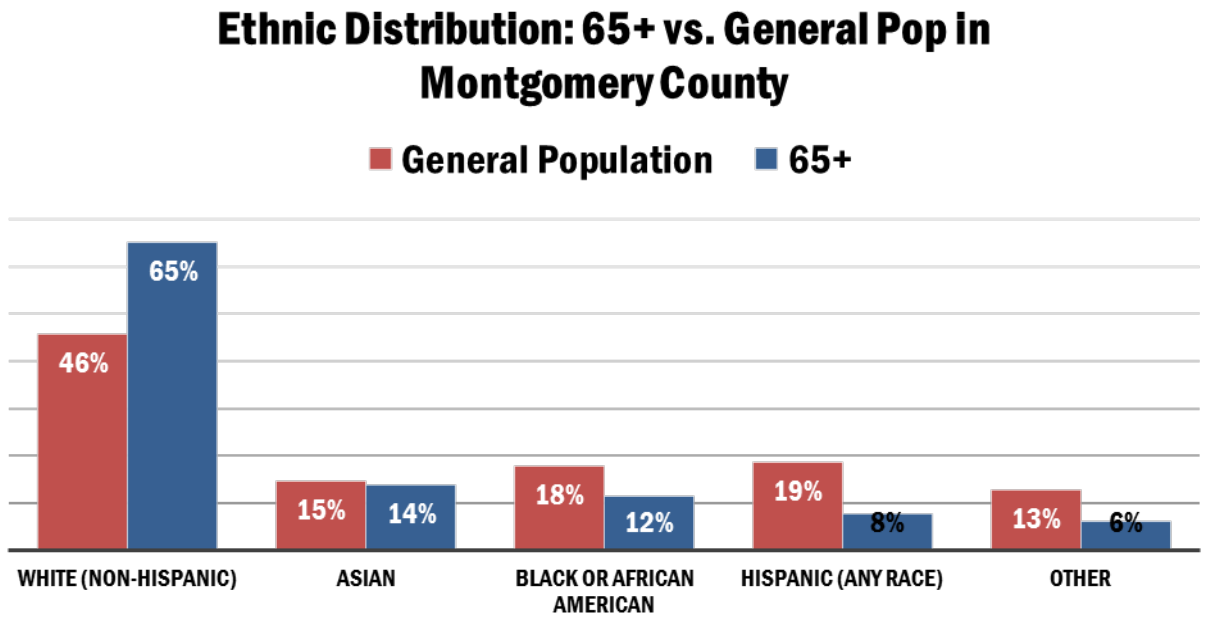
DEMOGRAPHIC BREAKDOWN

Montgomery County is home to 141,000 residents who are 65+ old. The State of Maryland is home to 822,171 seniors (i.e. the County is home to 17% of Maryland's seniors).

Note that Montgomery County has a very high share of Asian residents, 65+. Compared to the state, we have a lower share of Black or African American residents, 65+. The share of residents 65+ who are Hispanic is roughly the same as the national distribution. Note that this data adds up to slightly more than 100% because Hispanic ethnicity is recorded separate from race (resulting in slight double counting).

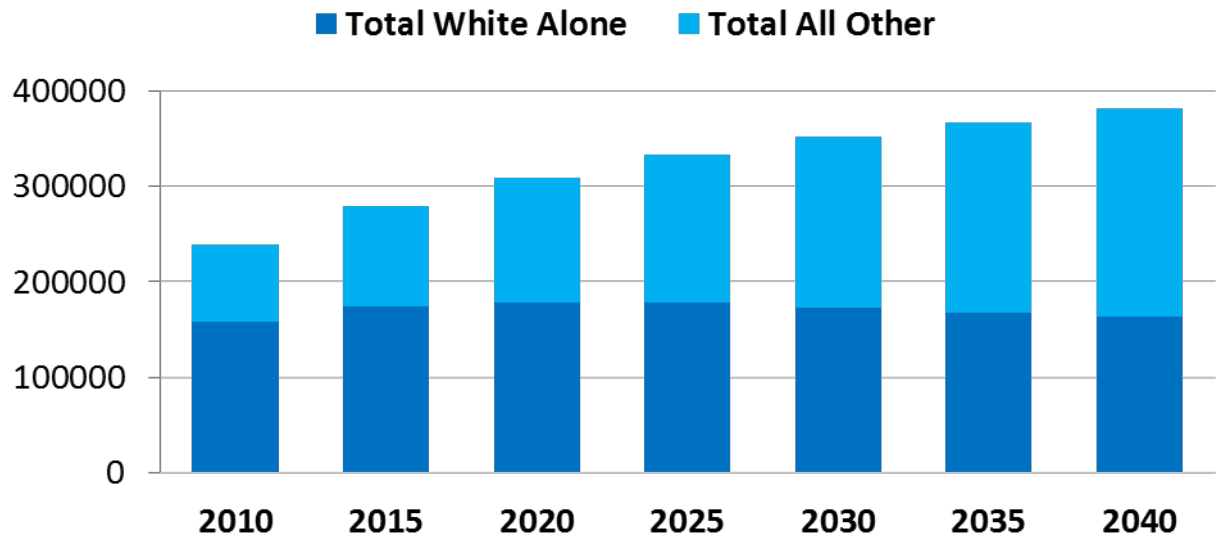


The ethnic distribution of residents, 65+ is quite different from the ethnic distribution of the County as a whole. The senior population is much less diverse, with much lower rates of Hispanic, Black, and Other residents. Of note, the share of residents 65+ who are Asian is roughly equal to the share of Asian residents among the general population.



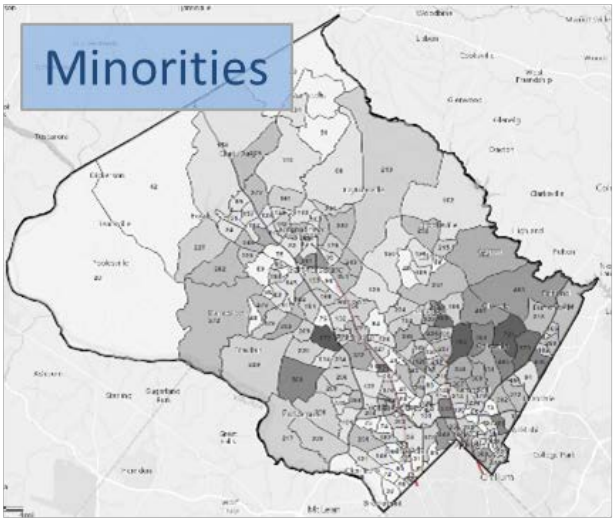
PROJECTIONS

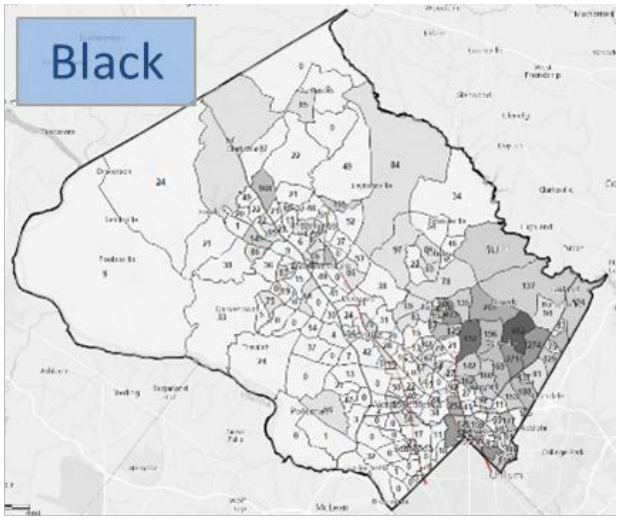
Looking ahead, the State of Maryland projects that the share of minority residents, 65+ is expected to increase from 34% in 2010 to 57% in 2040.

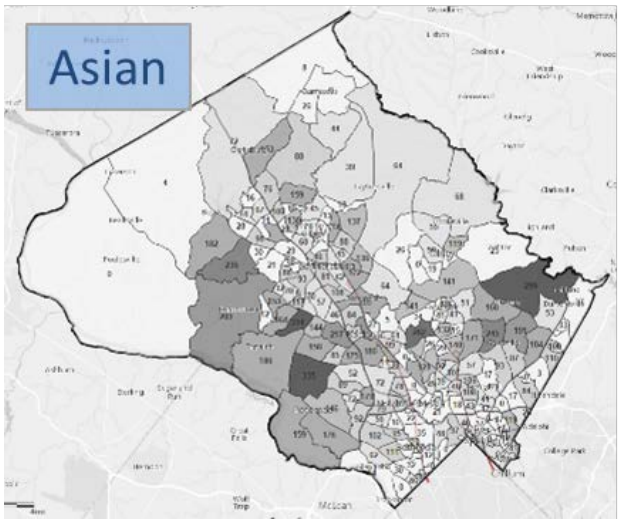


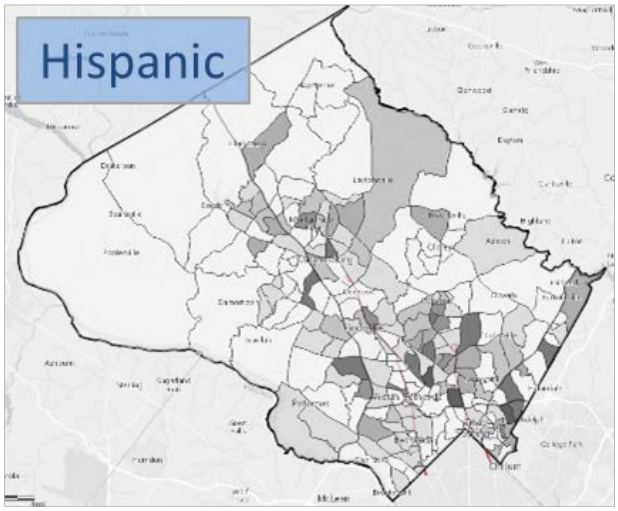
GEOGRAPHIC DISTRIBUTION OF MINORITY RESIDENTS, 65+

Note that Asian, Black, and Hispanic residents 65+ concentrate in different parts of the County.



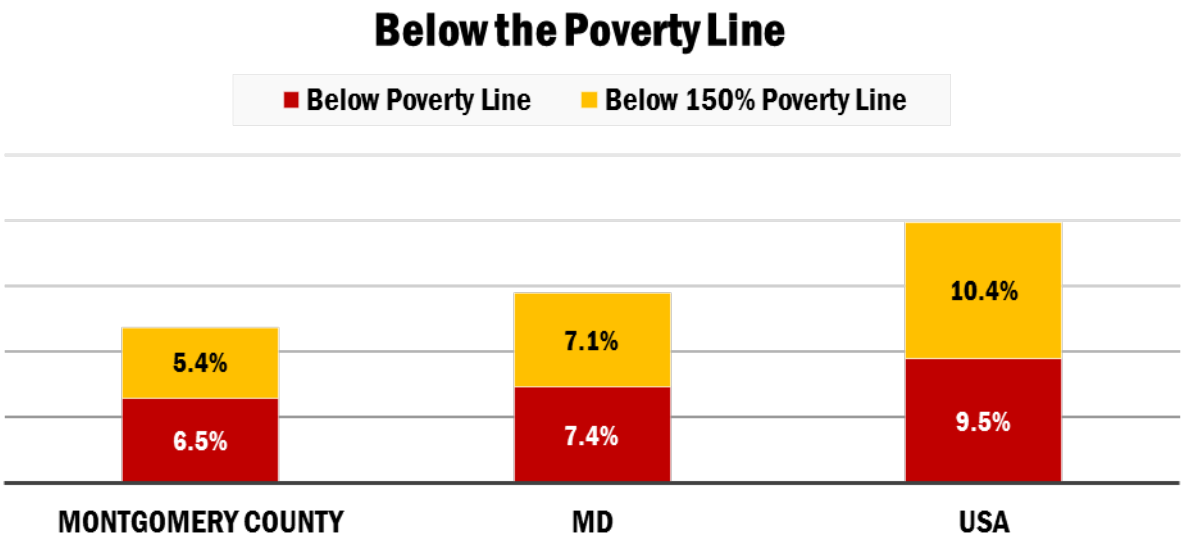






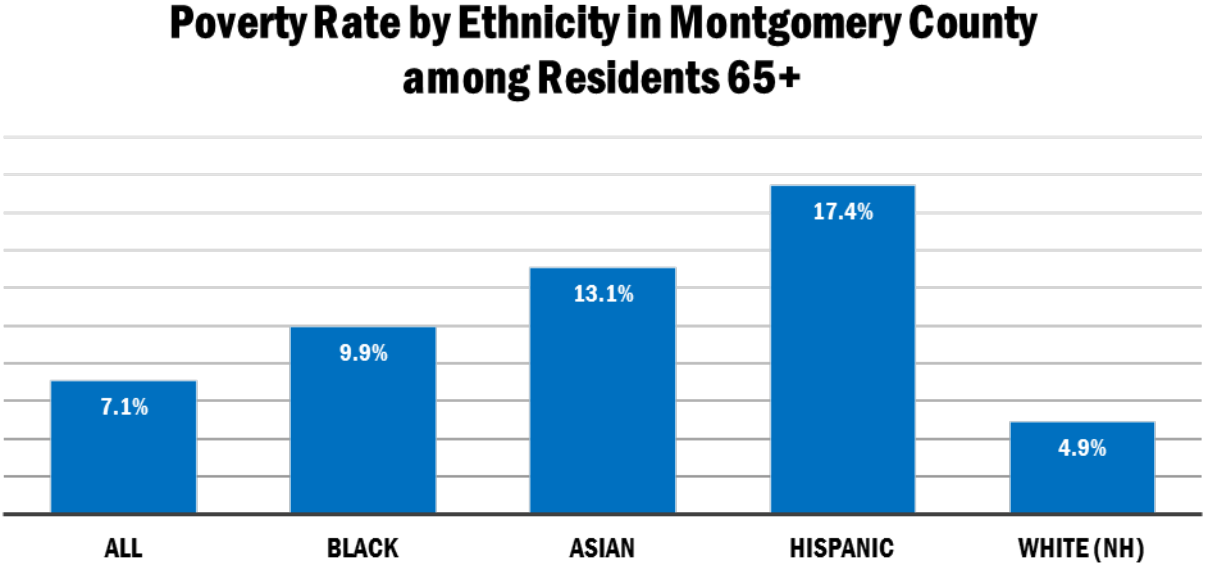
POVERTY AMONG RESIDENTS, 65+

In Montgomery County, an estimated 8,950 residents 65+ are classified by the Census bureau as living below the poverty line. An additional 7,435 residents 65+ are classified as living below 150% of the poverty line.



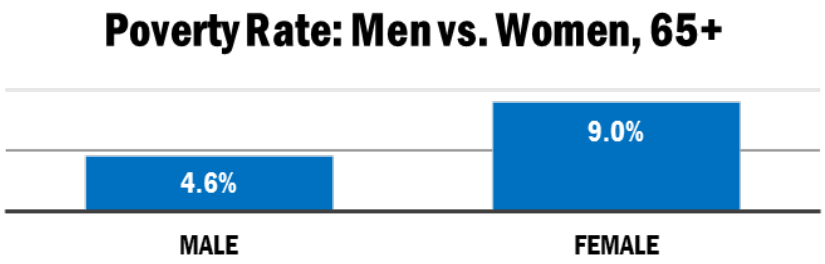
POVERTY RATE FOR RESIDENTS 65+ BY RACE AND ETHNICITY IN MONTGOMERY COUNTY

Using the American Community Survey 2009-2013, we can examine the poverty rate by ethnicity and gender. Note that this data is slightly less recent than the data presented in the chart above (the 2014 data does not provide a small enough margin of error). Note, for instance, that between 2009-2013, the overall poverty rate among seniors was 7.1% vs. the 6.5% reported in the 2014 data above. This data has a margin of error of about half a percentage point.

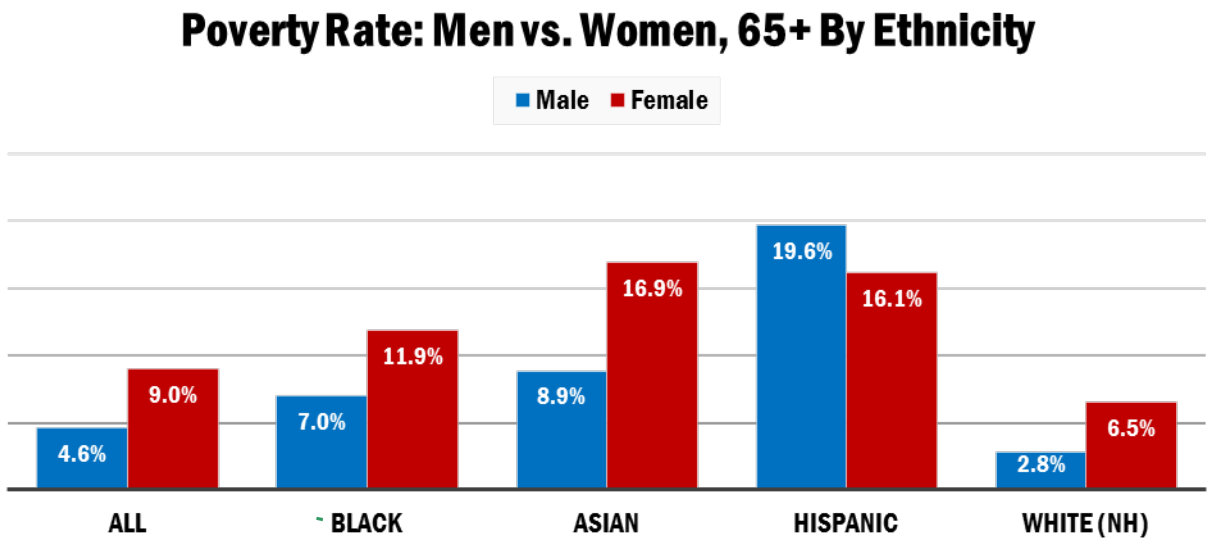

Poverty Rate by Ethnicity in Montgomery County among Residents 65+
7.1%
9.9%
13.1%
17.4%
4.9%
ALL
BLACK
ASIAN
HISPANIC
WHITE (NH)

POVERTY RATE FOR RESIDENTS 65+ BY GENDER

County-wide, the poverty rate is nearly twice as high for women as it is for men.

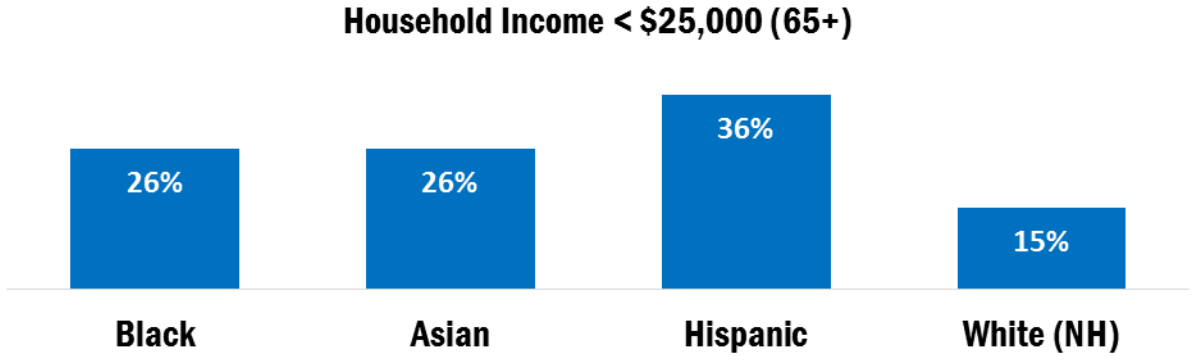


Note that the gender differences are not consistent across ethnic groups.

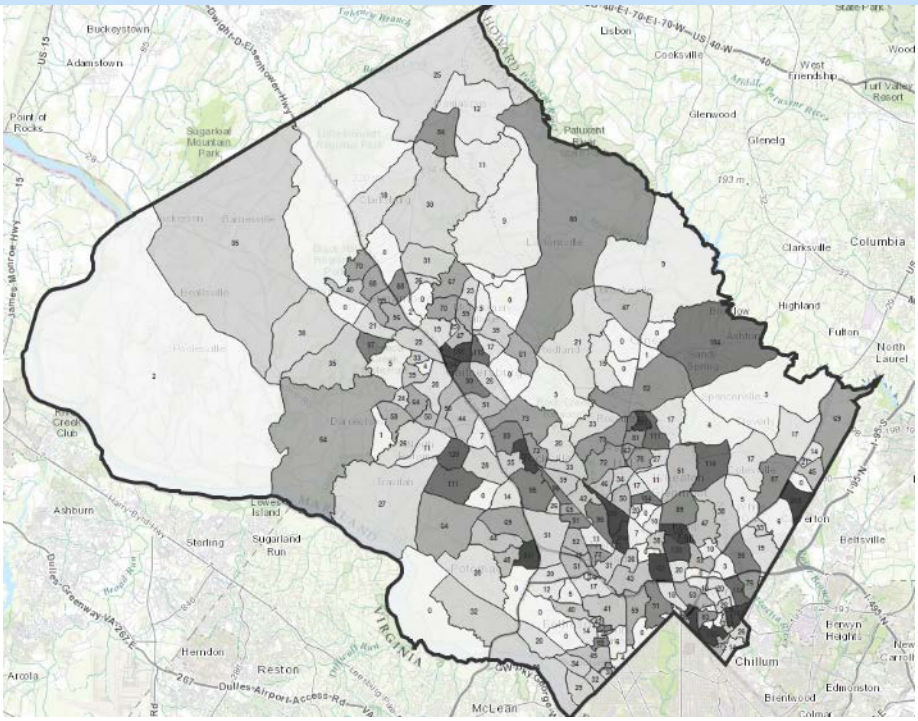


DIVERSITY AND INCOME (<$25,000)

The percentage of residents 65+ making less than $25,000 is much lower for non-Hispanic White residents than it is for minority residents. Hispanics have the highest share, at 36% compared to 26% for both Black or African American and Asian residents.

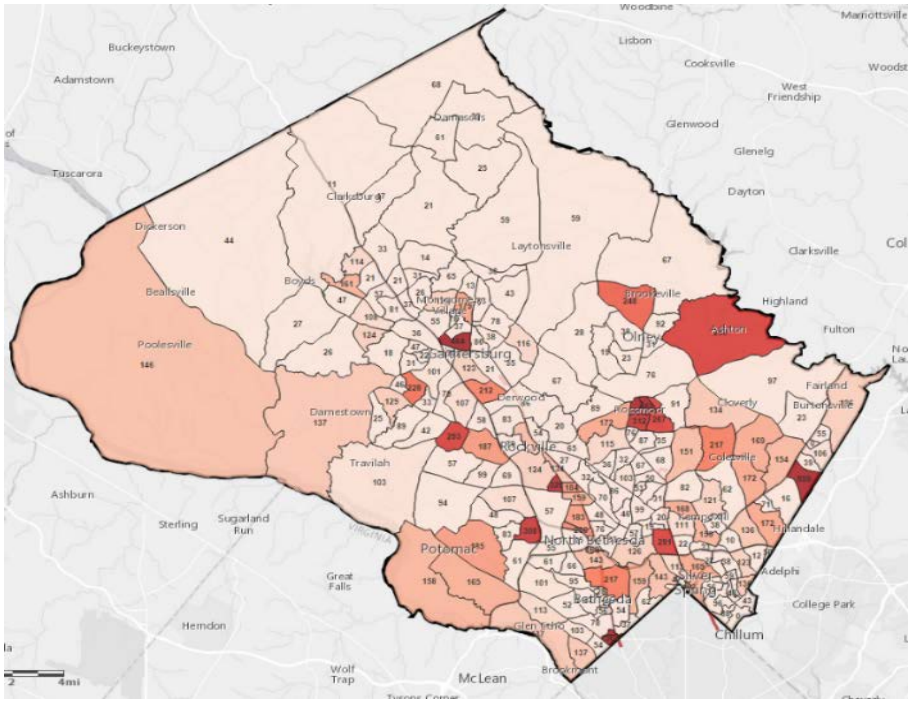


GEOGRAPHIC DISTRIBUTION OF POVERTY, RESIDENTS 60+



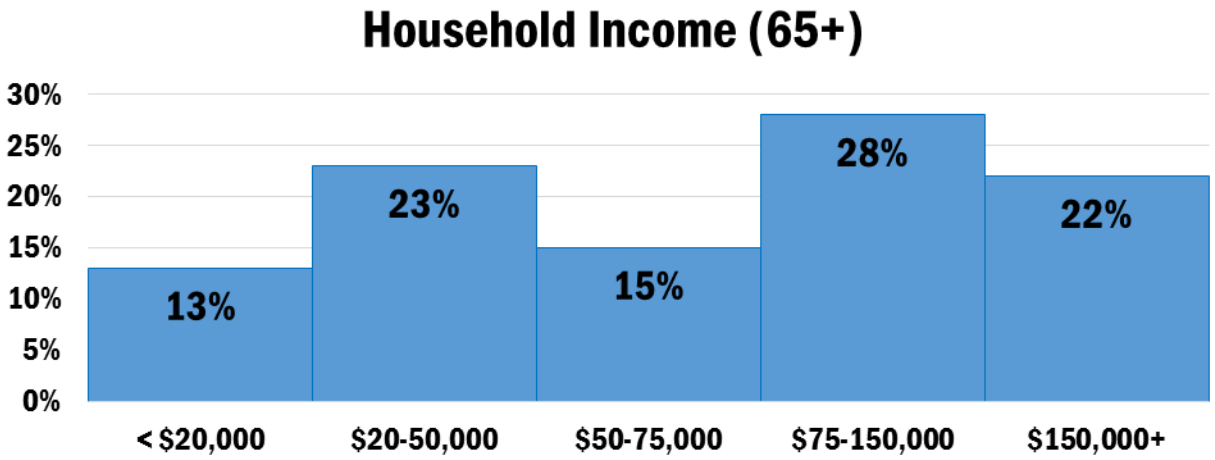
GEOGRAPHIC DISTRIBUTION OF SNAP BENEFITS

6.1% of residents, 65+ in the County receive food stamp benefits (SNAP).



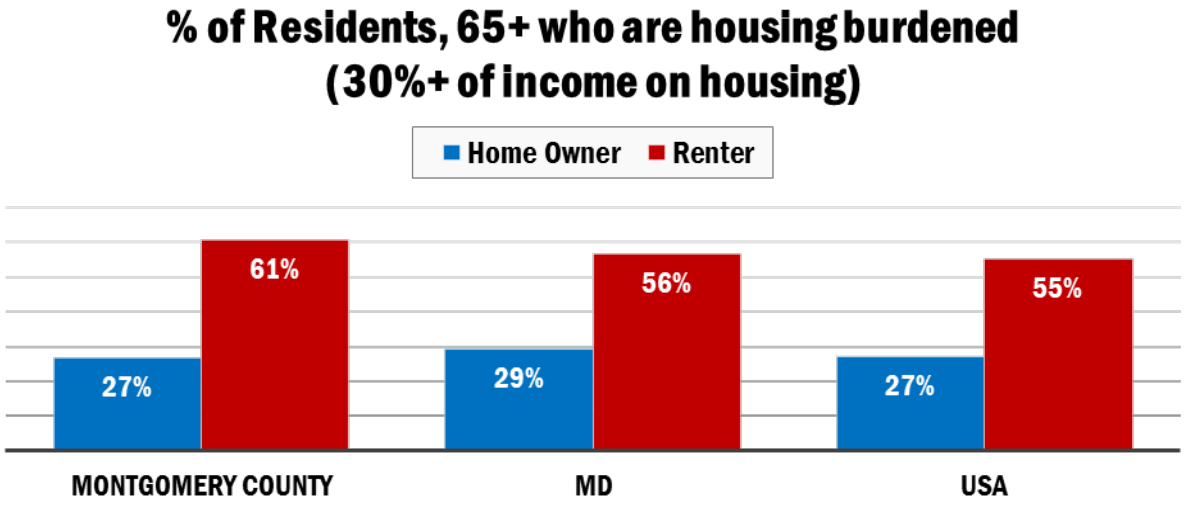
INCOME FOR RESIDENTS, 65+

INCOME DISTRIBUTION FOR RESIDENTS 65+



HOUSING-BURDENED (30%+ ON HOUSING)

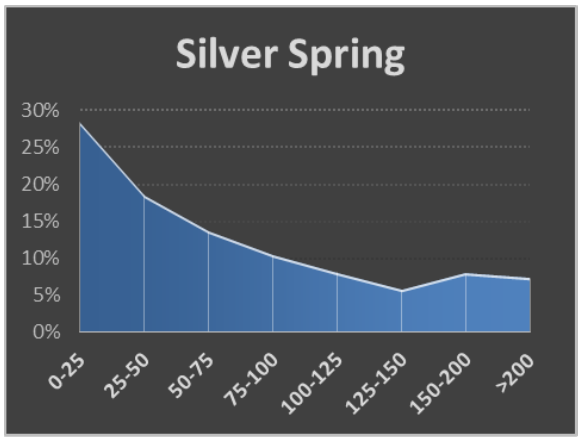
The percent that are housing burdened is significantly higher for renters (and high compared to state and national averages).

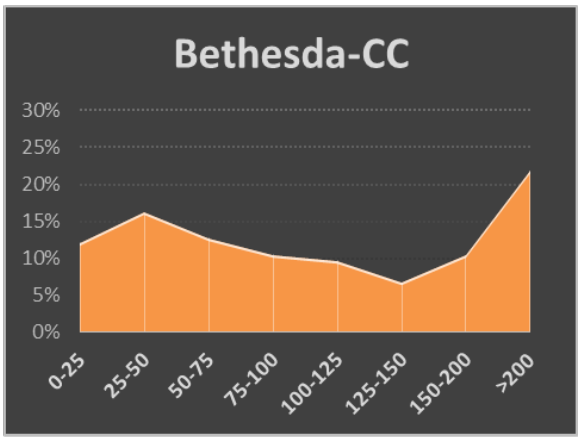


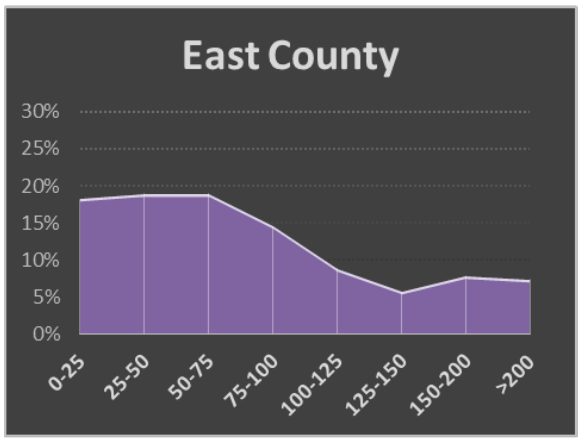
Owner-occupied housing accounts for 77% of housing (vs. 23% renter-occupied) among Montgomery County residents, 65+.

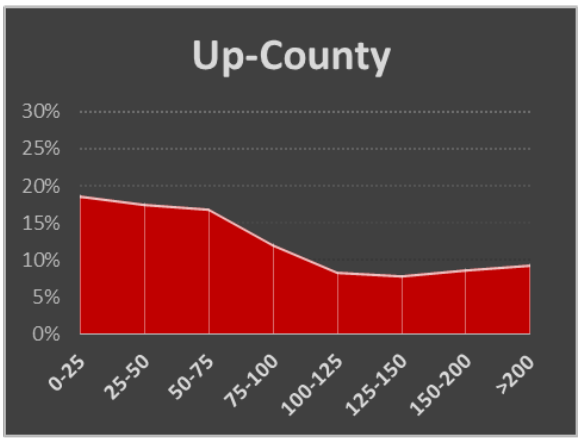
INCOME DISTRIBUTION BY RSC

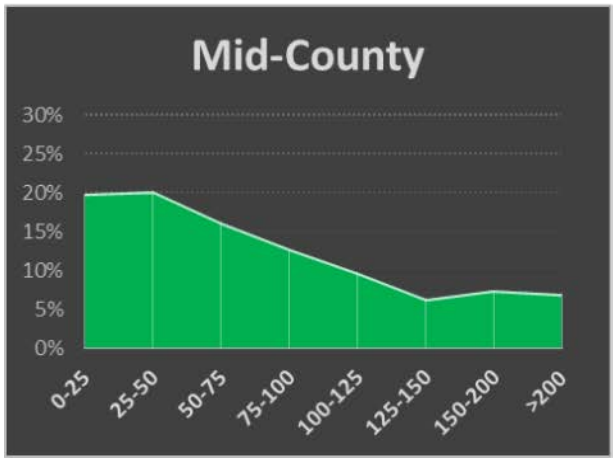
Regional service centers exhibit very different income distributions for residents, 65+.







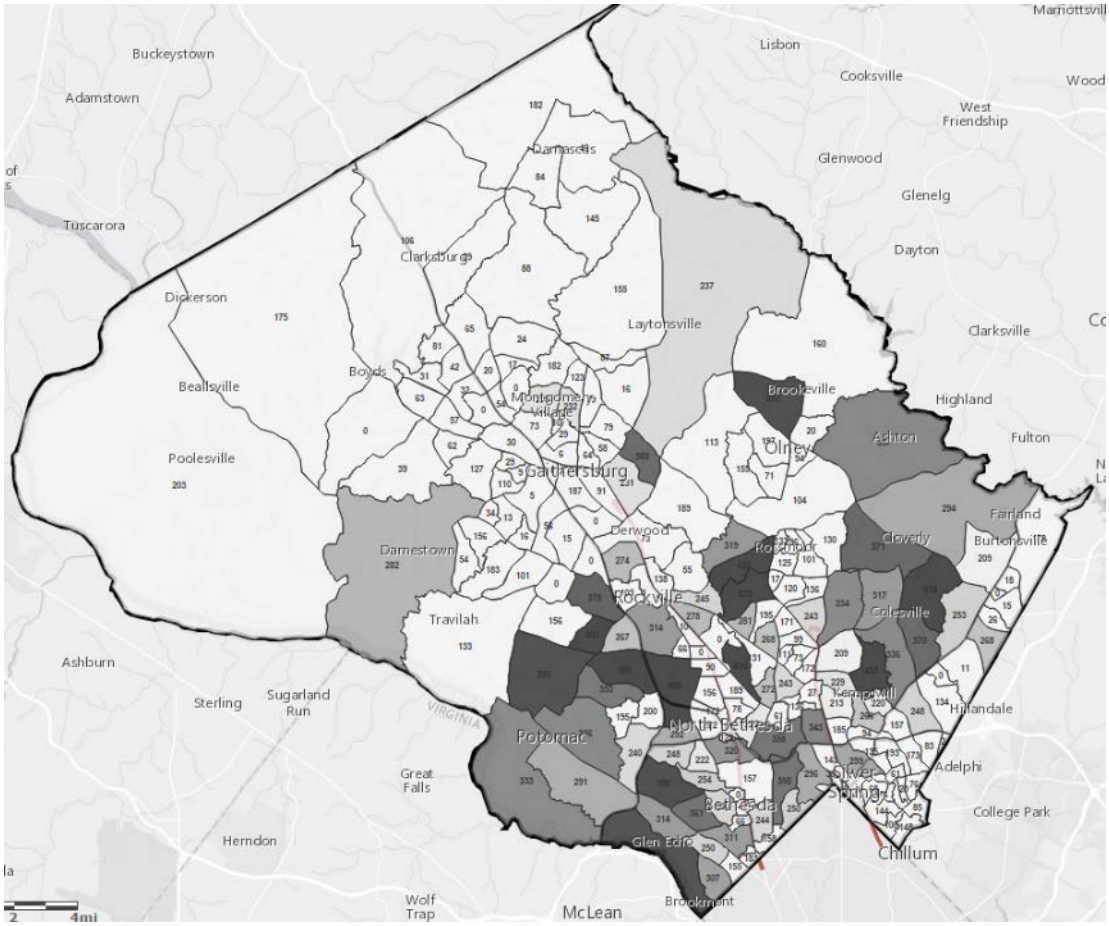




HOUSING AND GEOGRAPHY

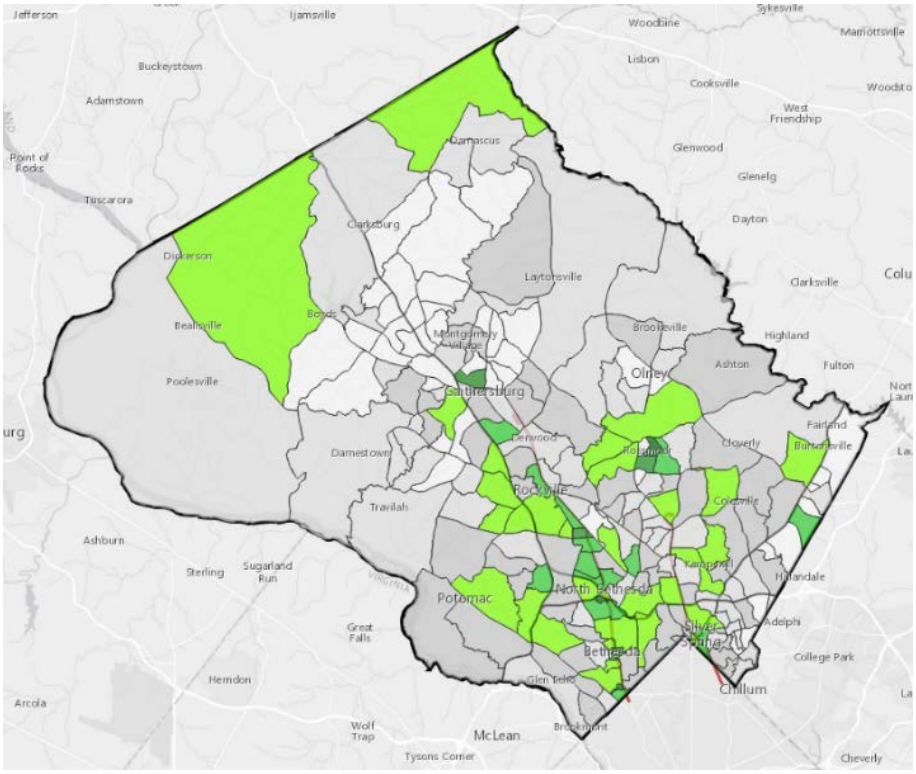
NATURALLY OCCURING RETIREMENT COMMUNITIES

The map below shows households headed by a resident, 65+ that have lived in their current home since at least 1990.

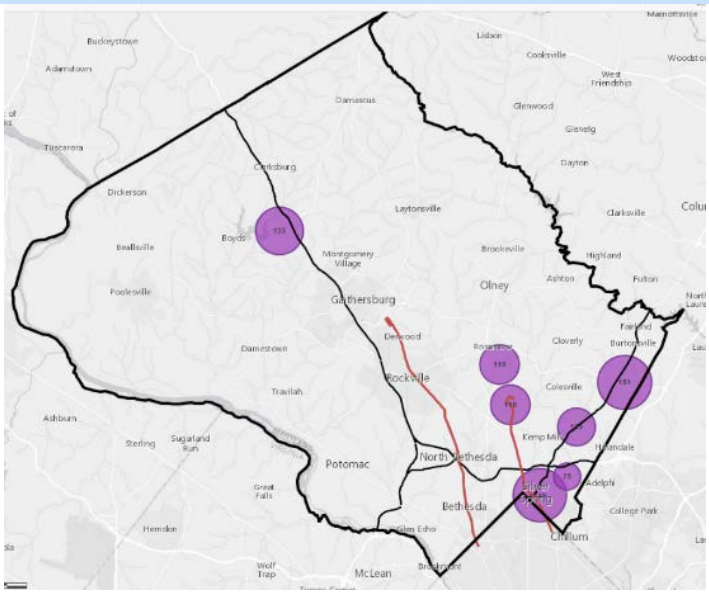


RATIO OF RESIDENTS 65+ TO SCHOOL-AGED CHILDREN

In the map below, green areas have more residents 65+ than school-aged children. The County-wide ratio is 0.78, but this hides tremendous diversity across the County. For instance, the ratio is at or below .3 for Clarksburg, Germantown, and Derwood. The highest ratios are in Leisure World (21.6), Friendship Heights Village (5.2)(, and North Bethesda, Chevy Chase, and Calverton (all at 1.3).

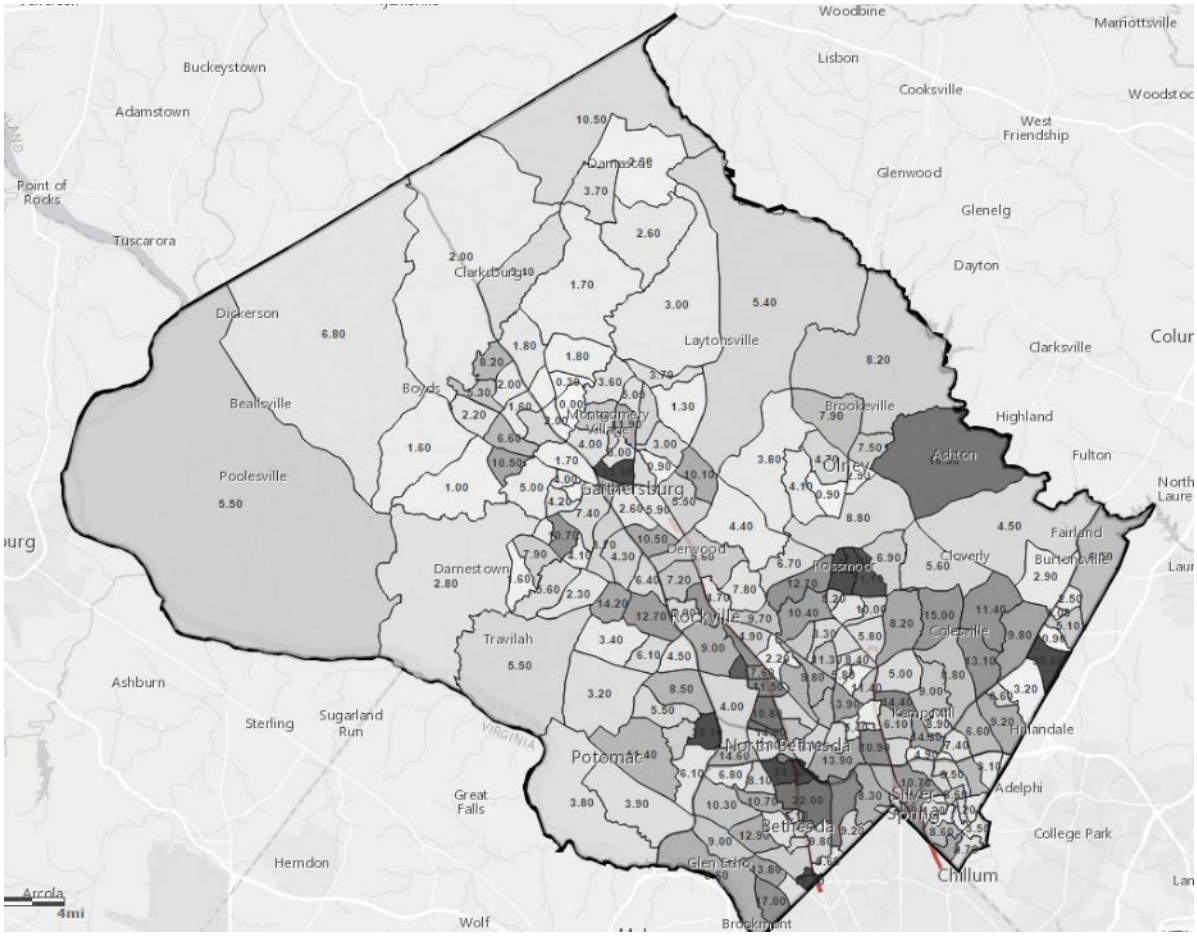


AFFORDABLE HOUSING IN DEVELOPMENT: LOCATIONS AND "SEATS"



SENIORS LIVING ALONE

County-wide, about 9% of senior Households are seniors living alone. The highest rates are in Leisure World (49%), Friendship Heights Village (27%), Calverton (20%), and Chevy Chase and Ashton-Sandy Spring (18%).

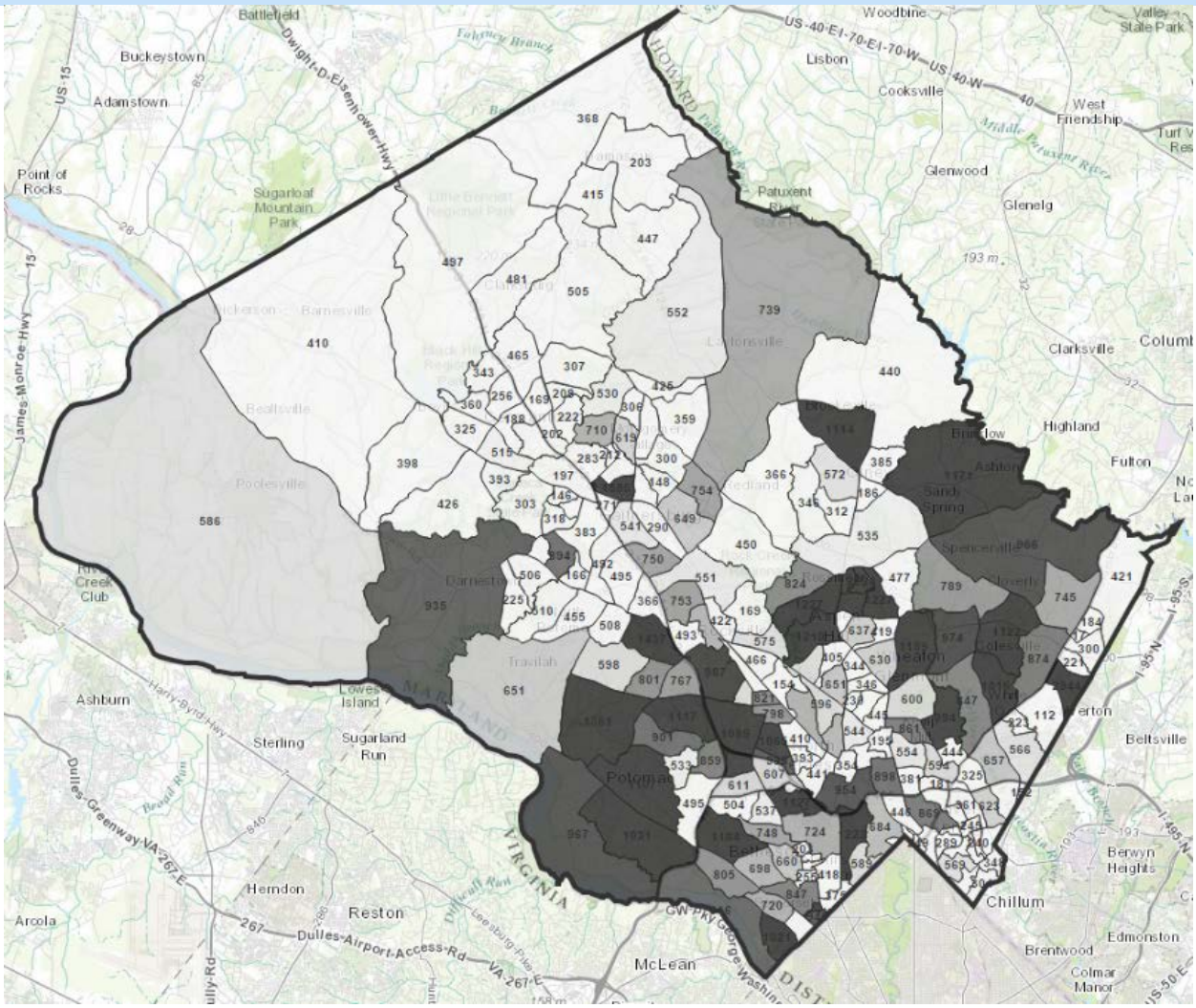


GENERAL DEMOGRAPHICS

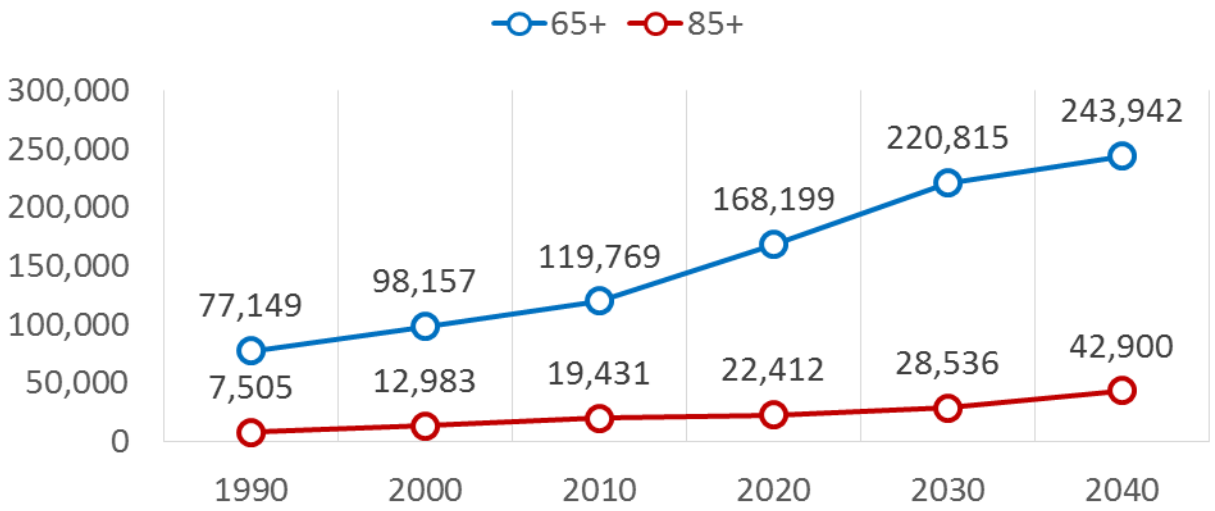
MEDIAN AGE

The median age in Montgomery County is 38.6 compared to 38.3 in the entire state and 37.7 nation-wide.

GEOGRAPHIC DISTRIBUTION OF SENIORS 65+



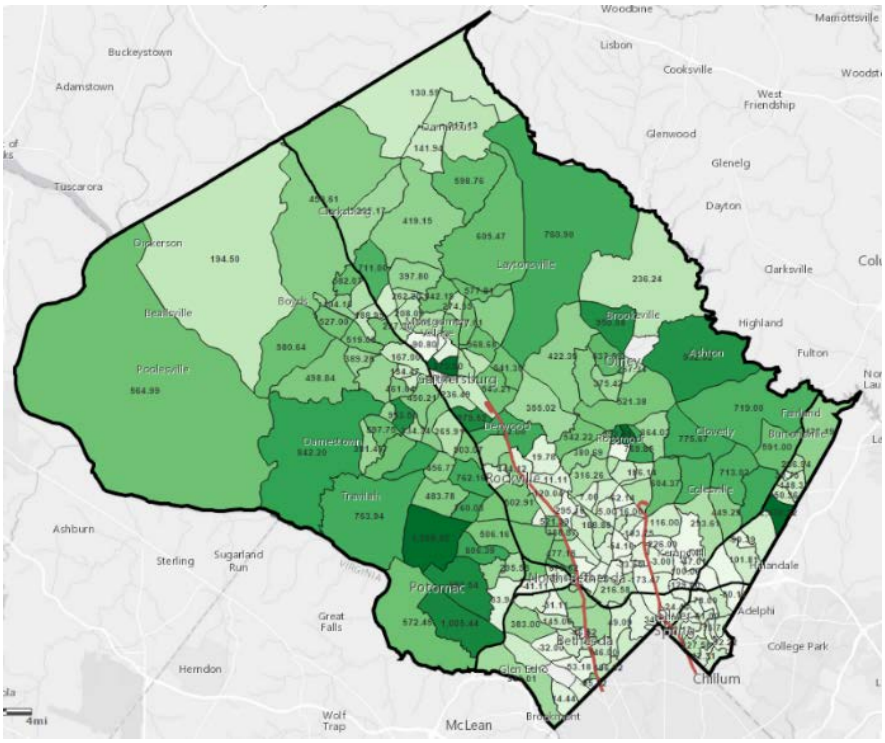
POPULATION PROJECTIONS



The share of 65+ residents among all residents grew from 9% in 1990 to 12% in 2010 and is expected to increase to 20% by 2040. The county will be home to an addition 124,000 more residents 65+ btw. 2010 and 2040, representing a 103% increase, while raising their share of the population by 8 percentage points. Projections are from the State of Maryland.

GEOGRAPHIC DISTRIBUTION

The map below shows the total net increase of residents, 65+ between 2000 and 2010.



AGE FRIENDLY COMMUNITY SURVEY: DRAFT INPUT ON HEALTH

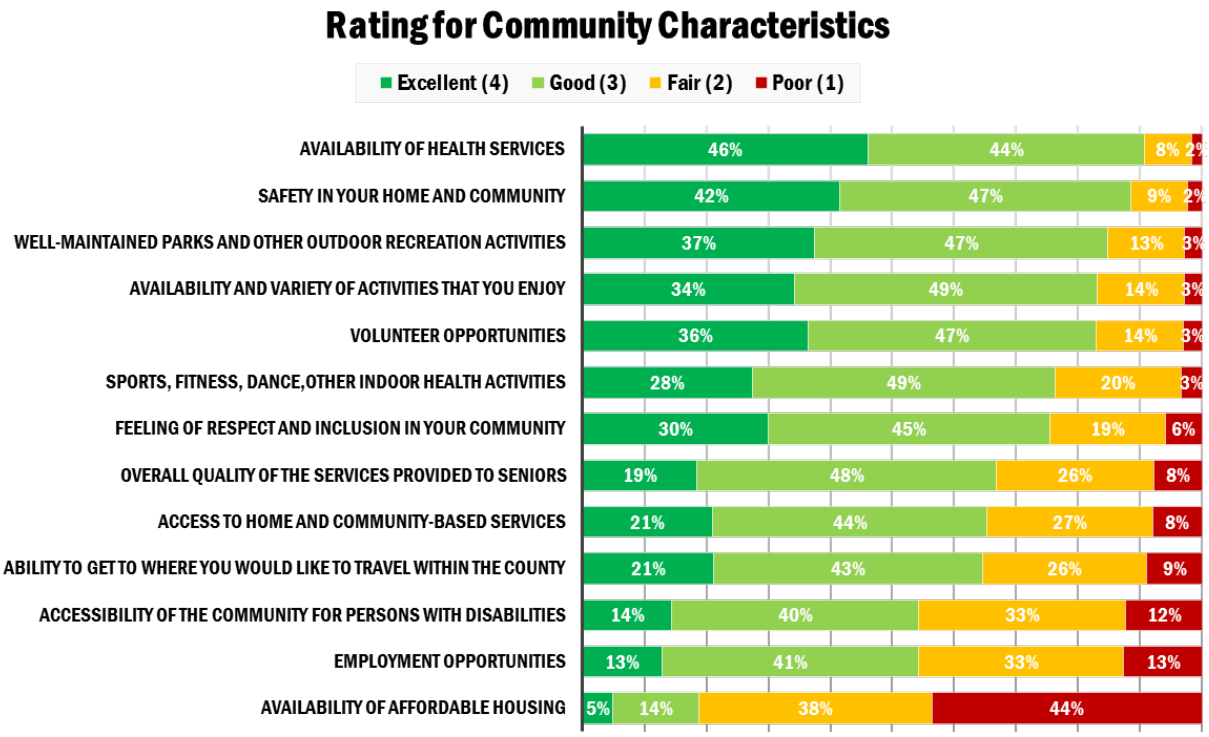
BACKGROUND

This memo provides an initial overview of the feedback received from roughly 1,750 Montgomery County residents aged 55 and above via the Age Friendly Community Survey. These results have not yet been weighed to better reflect the County's demographics, but should nevertheless help summit organizers in identifying community priorities and emerging themes. Updates of this memo will be forwarded as the results are processed by CountyStat.

HEALTH – SURVEY RESPONSES

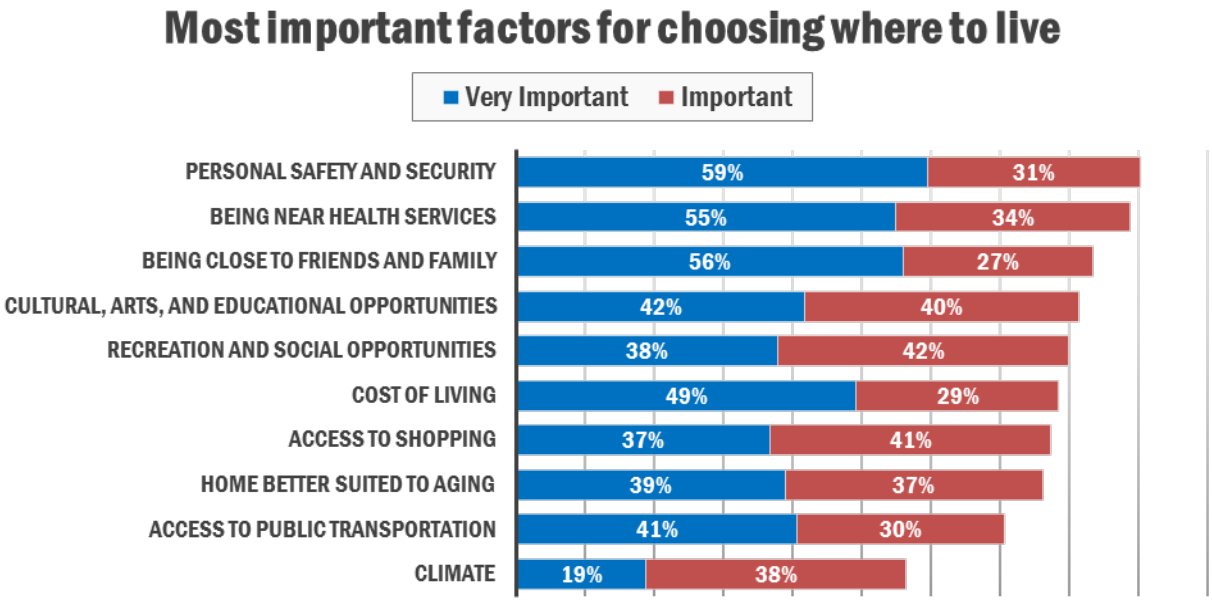
Q9: RATINGS FOR COMMUNITY CHARACTERISTICS

Note the high marks for "availability of health services" and for "sports, fitness, dance, and other indoor health activities."



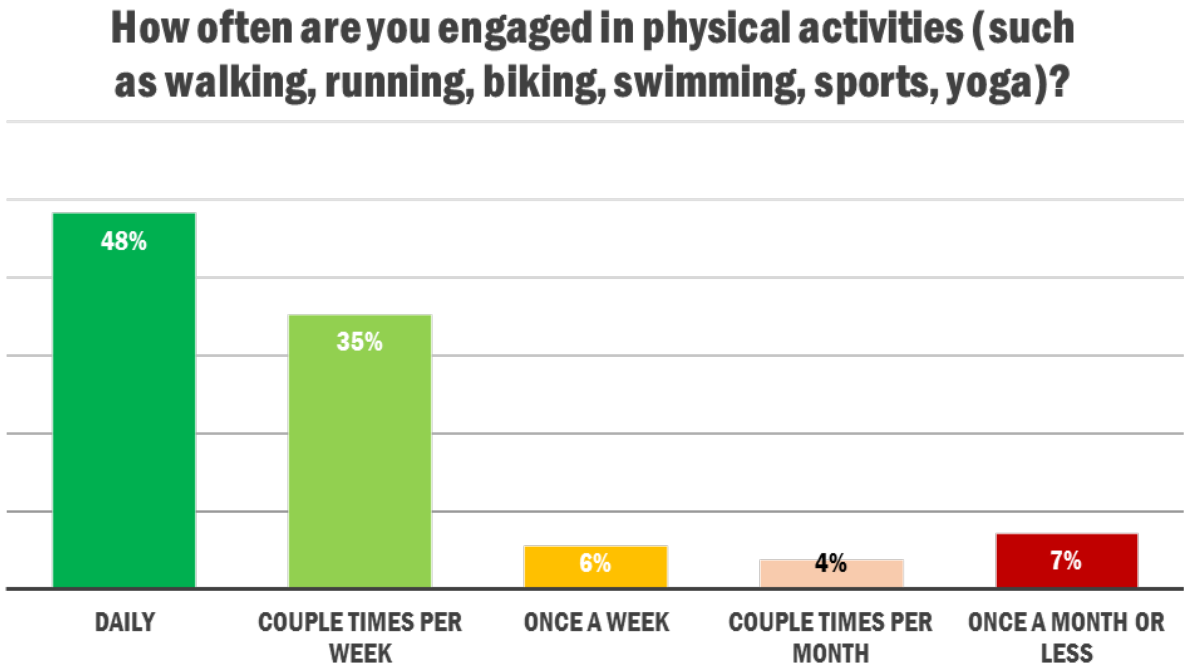
Q8: MOST IMPORTANT FACTORS FOR CHOOSING WHERE TO LIVE

Note that “being near health services” is among the most important factors in choosing where to live—and area for which Montgomery County scores very high among respondents (see preceding question).



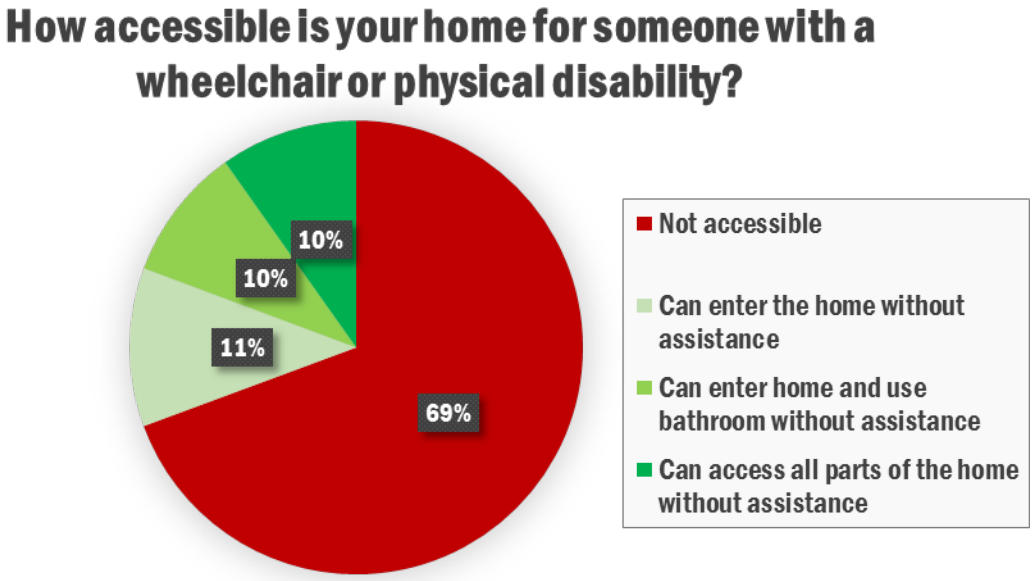
Q18: HOW OFTEN ENGAGE IN PHYSICAL ACTIVITIES?

Note that most of the respondents are quite active, with only 17% being physically active less than a “couple times per week.”



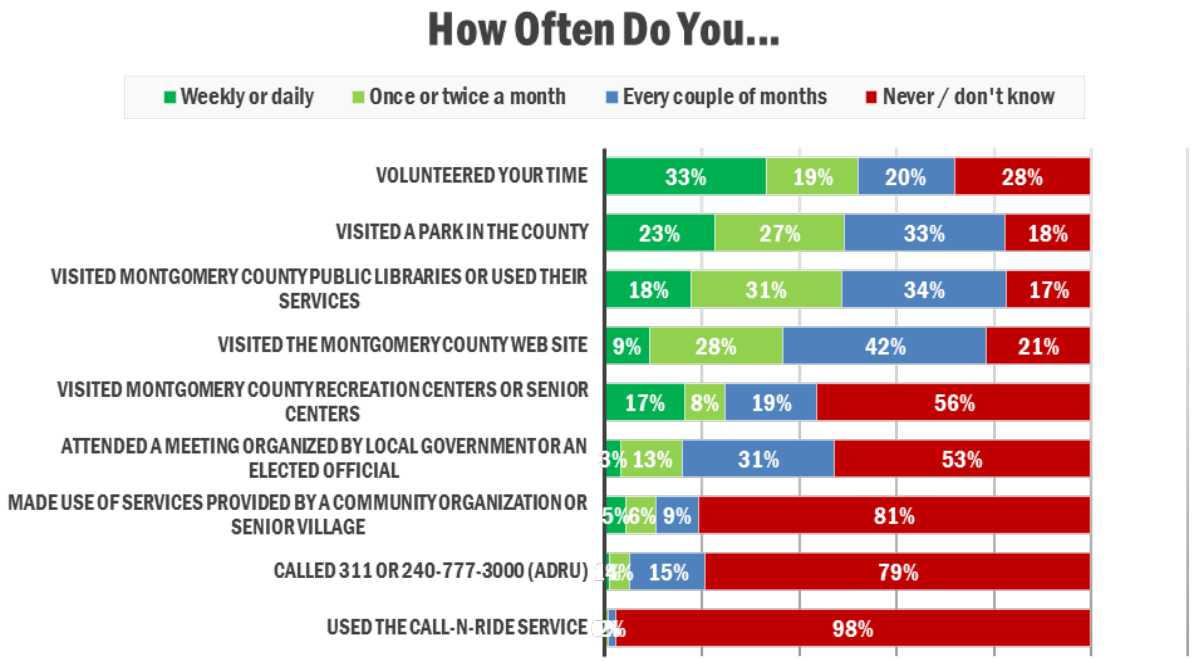
Q12: ACCESSIBILITY OF HOME FOR SOMEONE WITH A WHEELCHAIR OR PHYSICAL DISABILITY?

Note that most (69%) do not consider their home accessible to someone with a wheelchair or physical disability. The remaining 30% or split almost evenly among those with homes that (1) can be entered without assistance, (2) can enter home and use bathroom without assistance, and (3) can access all parts of the home without assistance with 10% for each.



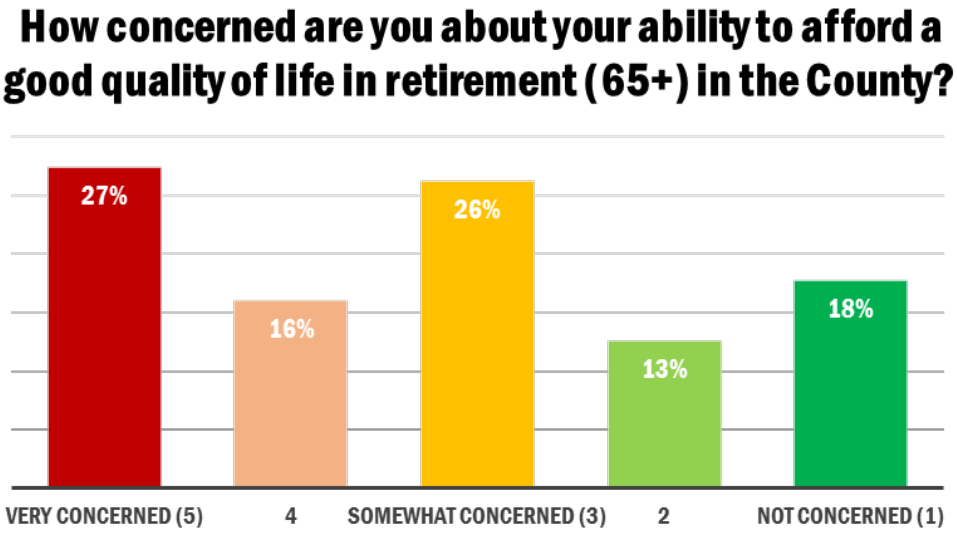
Q33: HOW MANY TIMES USED IN PAST YEAR HAVE YOU…?

Note that there may be a lack of awareness for 311 / ADRU line, senior villages, and the Call-N-Ride Service.

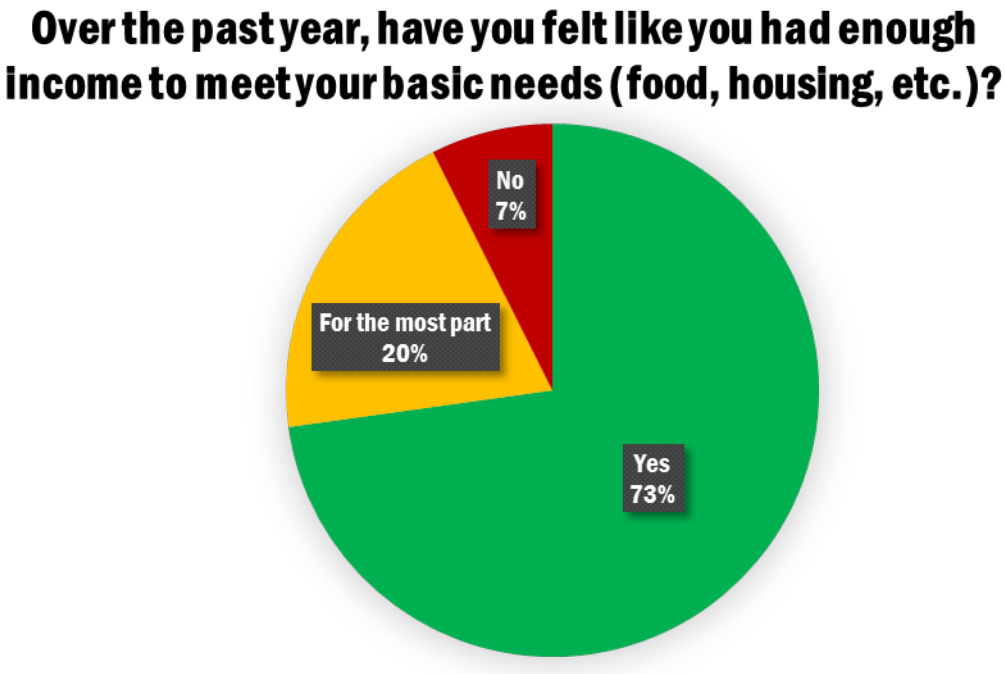


Q29: CONCERN ABOUT ABILITY TO AFFORD A GOOD QUALITY OF LIFE IN RETIREMENT (65+)

Despite the relative high income of Seniors in the County (and the relatively high share of survey respondents that are upper-middle class), 69% of respondents are at least somewhat concerned about their ability to afford a good quality of life in retirement. Healthcare costs may be contributing to this.

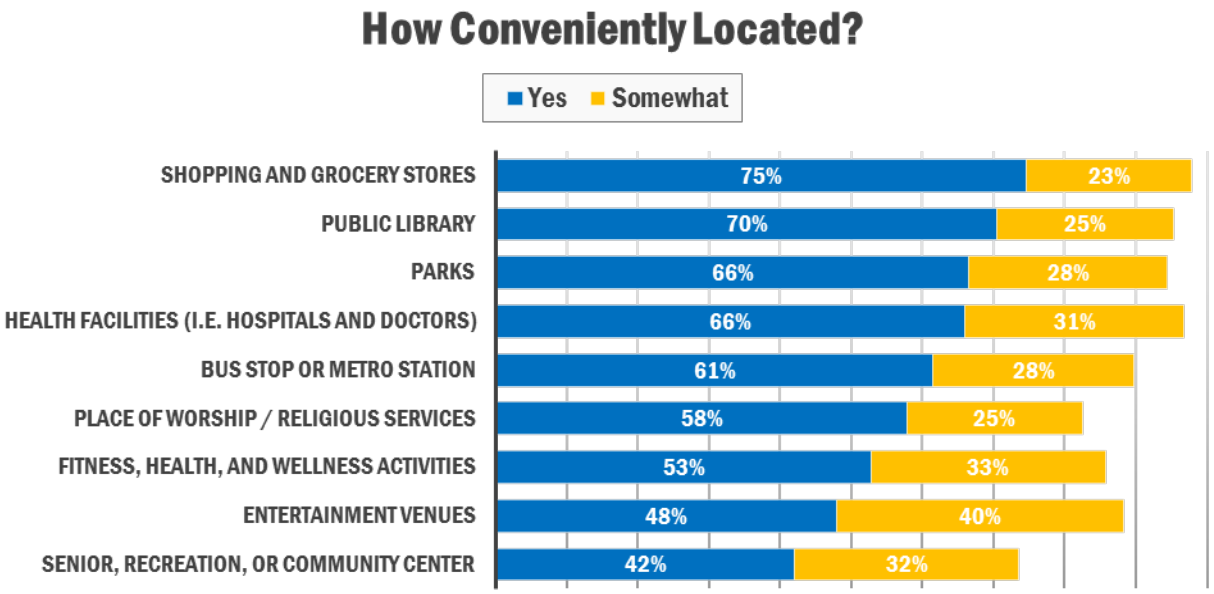


Q28: HAD ENOUGH INCOME TO MEET YOUR BASIC NEEDS?

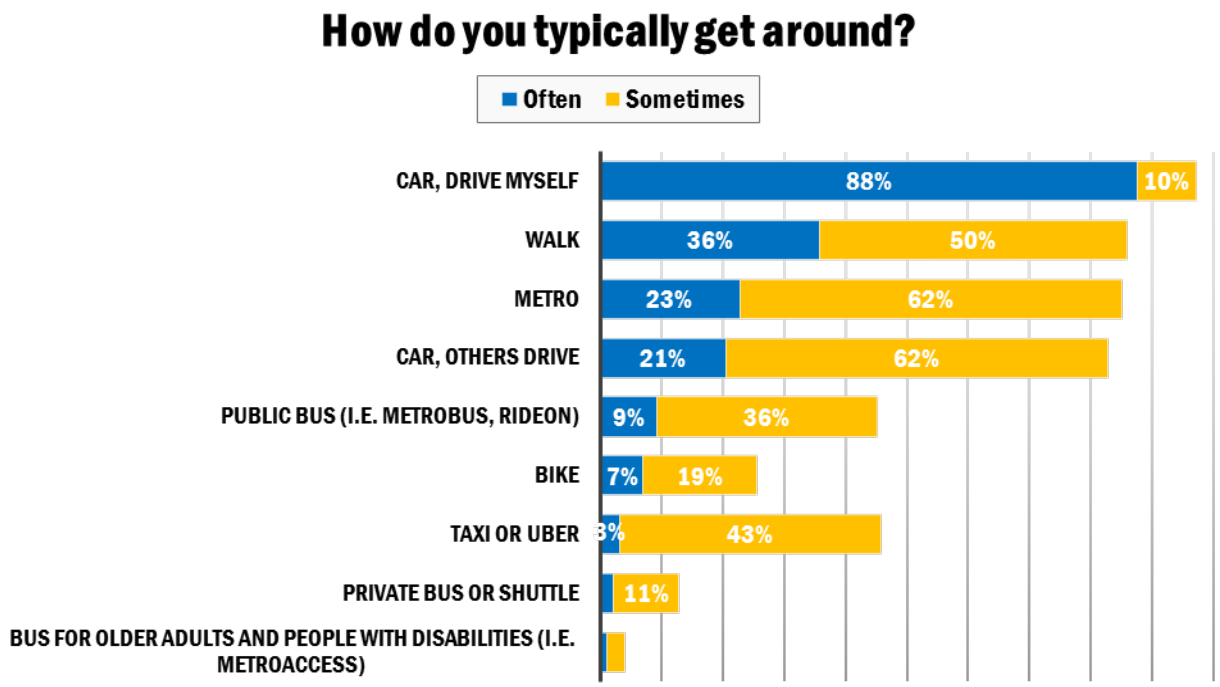


Q15: CONVENIENTLY LOCATED…

Note that 97% view health facilities as being conveniently or somewhat conveniently located. Senior/rec/community centers and entertainment venues are not always seen as being conveniently located relative to other types of facilities. Religious services and Senior/Community Centers receive relatively lower scores in part because of a high "don't know" count (~15%).



Q13: HOW DO YOU TYPICALLY GET AROUND?



Q14: TRANSPORT FEATURES?