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OREGONIANS GETTING OLDER (AND BETTER?)

DO YOU FIND YOURSELF reaching for that Grecian Formula lately? You are not alone. At the beginning of the 21st century, the fastest-growing segment of the population is 85 years and older. Life expectancy has increased dramatically, from 47 years in 1900 to nearly 77 years in 2000. At age 65, men have an average life expectancy of 16 more years, and women 19 more years. In 2000, 978,405 Oregonians were 50 years or older, accounting for 29% of the state population. This percentage is projected to increase to 38% by 2040.

These demographic changes underscore the importance of working to maintain physical and mental function, prevent chronic disease complications and unnecessary disability, and address depression that may complicate a medical condition. We need to work to “add life to years,” rather than simply years to life.

CHRONIC DISEASE BURDEN

While the population is living longer, for many older Oregonians this means living longer with a chronic disease or disability. According to Oregon Health Services data, 64% of Oregonians 50

years or older live with at least one of the following: diabetes, arthritis, heart disease, previous stroke or myocardial infarction; 31% of Oregonians aged 50 years and older reported that their health status limits the work they can do* (see figure, right).

Chronic diseases also contribute enormously to health care expenditures. In 2000, the hospitalization costs alone for chronic diseases (heart disease, stroke, cancer, chronic lung disease, and diabetes) among Oregonians aged 65 years and older exceeded \$590 million (this does not include costs for doctors’ visits, medications, social services, etc).

For many older Oregonians, depression may complicate a chronic medical condition and exacerbate the symptoms.

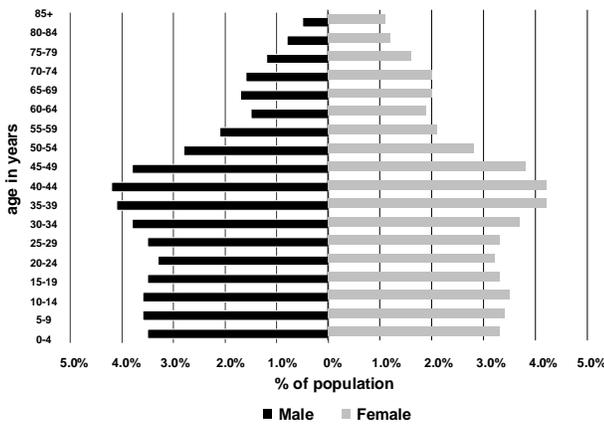
Rates of suicide among Oregonians in 2000 increase steadily with increasing age, from 15.9 per 100,000 population in young adults 15–24 years, to 46.8 in adults over age 85 years. Survey data indicate that 8% of adult Oregonians 50–84 years with a chronic condition had suicidal thoughts compared to 1% of adults without a chronic condition.*

HEALTH BEHAVIORS AMONG OLDER OREGONIANS

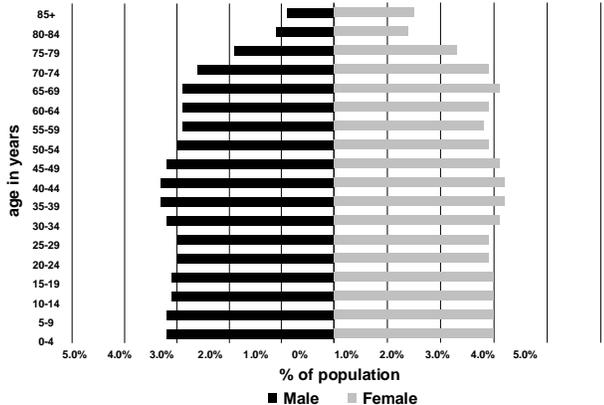
While biologic makeup certainly plays a role in the development of chronic diseases and depression, behavior patterns contribute substantially to the risk of developing these diseases. While tobacco use remains the leading cause of preventable disease and death, physical inactivity, poor diet and obesity run a close second. Preventive screenings can also detect chronic diseases in their earliest stages when they are most amenable to treatment.

The table (*verso*) presents data on some of these health behaviors among older Oregonians. While we’re making good progress in Oregon with reducing tobacco use, approximately 14% of Oregonians 50–64 years are still current smokers. Clinical use of the 5 A’s to help assist patients to successfully quit smoking is still a vital activity for health care providers.

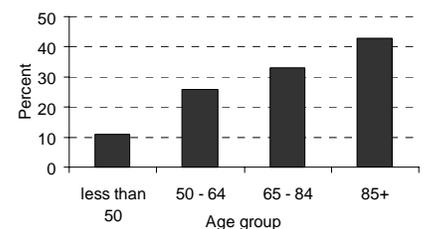
Population pyramid for Oregon population, 1995



Projected pyramid for Oregon population, 2025



Percentage of limited work due to health problem by age group, 2001



* 2001 Behavior Risk Factor Surveillance System



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More than two-thirds of older Oregonians are not regularly physically active. According to market research done by the AARP, adults over 50 who are thinking about being more physically active are receptive to suggestions and encouragement by their primary care physicians. At least 60% of older Oregonians are not eating five or more vegetables and fruits a day. Consuming more vegetables and fruits helps to reduce risk of cancers and other chronic diseases. Considering that more than 60% of Oregonians over age 50 are overweight or obese, increasing physical activity and improving dietary choices are critical to avoiding or delaying onset of chronic diseases as well as managing these diseases to reduce complications.

While health behaviors related to clinical services generally improve with age up to 85 years, we still see that more than a quarter of Oregon's seniors do not receive flu and/or pneumococcal vaccines, more than a third do not receive annual fecal occult blood tests (FOBT), and 60% do not receive cholesterol checks within a five-year

period. These are preventive clinical services that can make a significant difference to seniors' well-being.

PROMOTING HEALTHY LIFESTYLES

So how can we ensure that we (and our patients) are living longer *and* better? Health promotion for older adults must focus on maintaining good health and coping with disability, should it occur. Even among adults who have had a lifetime of "over-indulgence", it is never too late to reap the benefits associated with a healthier lifestyle. Increasing physical activity is high on the list of healthy behaviors. It helps seniors reduce their risk of falling, and helps them maintain healthy body weight, joint strength and mobility. Physical activity can help the 44% of Oregonians age 50+ with arthritis feel less pain. Physical activity can also relieve anxiety, stress and depression.

Promoting regular physical activity for seniors has gotten a lot of attention recently. The Robert Wood Johnson Foundation and five other national organizations including AARP, American College of Sports Medicine,

vision statement reads: "We envision a society in which all people age 50 and older enjoy health and quality of life, which is enhanced through regular physical activity. We will inspire an approach to aging that encourages physical activity in all aspects of people's lives".

Ways in which medical professionals can become more involved include:

- being physically active themselves to serve as role models for patients,
- promoting and supporting worksite opportunities for physical activity for employees,
- co-sponsoring community events promoting physical activity,
- working as advocates with local and state policy makers for increased physical activity opportunities and policies in schools and communities,
- incorporating health promotion messages related to physical activity and diet into routine clinical practice,
- identifying community resources for physical activity and coordinating referrals for patients.

Oregon has a coalition for promoting physical activity. For more information about their work, about promoting healthy dietary choices or about assisting smokers to quit, see: www.healthoregon.org/hpcdp/welcome.htm or contact the Health Promotion and Chronic Disease Prevention Program at 503/731-4273.

REFERENCES

1. Robert Wood Johnson Foundation. National Blueprint for Increasing Physical Activity among Adults Aged 50 and Older. Available at: www.rwjf.org/publications/publicationsPdf/Age50_Blueprint_singlepages.pdf

Risk behaviors among older Oregonians

Risk Category	Years of age:	50-64	65-84	85+ ‡
Sedentary lifestyle*		69%	65%	75%
<5 fruits/vegetables per day		76%	68%	62%
No flu shot previous year		63%	27%	26%
Never received a pneumococcal vaccine		79%	29%	36%
Overweight/obese†		68%	61%	37%
No stool test for blood every year		51%	36%	45%
No mammogram previous 2 years (women)		18%	15%	45%
No cholesterol check previous 5 years		61%	59%	59%
Smoke every day		14%	7%	<1%

* Not met moderate activity (5+days/wk and 30+min/days) or vigorous activity (3+days/wk and 20+min/days)
 † BMI ≥25; ‡ Less than 50 respondents

American Geriatrics Society, the CDC, and NIH recently published a national blueprint for increasing physical activity for Americans age 50 and older.¹ Their