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# Healthy Aging

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# Healthy Aging

Prepared for

Blaine House Conference on Aging  
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## **Background**

Poor health is not an inevitable consequence of aging. It has been scientifically proven that preventive measures such as regular physical activity and healthy eating are crucial in maintaining good health, reducing the impact of disease, delaying disability and reducing the need for expensive long-term care for older adults. Research also shows that it is never too late to take preventive measures such as quitting smoking, becoming more active or improving one's nutritional health to improve the quality of one's life. Making lifestyle changes helps lead to better health and function and the increased ability to remain independent – the primary goal for most older adults.

14.4% of Maine's population is 65 or older (representing 183,589 people). Maine is the oldest state in the nation, with a median age of 40.6<sup>i</sup> and ranks third in the country for the highest percentage of older adults in its population.

## **Problem Statement**

In Maine, for persons aged 65 and older, 43% are overweight, 18% are obese and 36% do not do any leisure time physical activities.<sup>ii</sup> Most older people in Maine suffer from one or more chronic health problems, such as arthritis, diabetes, cancer, lung disease, cardiovascular disease, hypertension, and depression. These chronic diseases are often preventable by making improvements in three behavioral risk factors – tobacco addiction, physical inactivity, and poor nutrition. Research has shown that healthy lifestyle behaviors, such as being physically active, eating a healthy diet and not smoking, are more influential than genetic factors in helping older people avoid the deterioration traditionally associated with aging. By maintaining just three healthy habits – moderate physical activity, good nutrition and no smoking – older people can delay disability by as much as 10 years.

Staying active throughout later life may prolong one's life. Researchers at the National Institute on Aging tracked three types of activity groups among 300 adults, ages 70 to 82, for a period of six years. During the time of the study, the most active group's mortality rate was 12%, the midrange group was 18%, and the least active group was 25% [ Journal of the American Medical Association (July 2006)].

The struggle to manage multiple chronic conditions often leads to increased isolation, decreased physical activity levels, and loss of muscle strength and balance - all of which increase the risk of falls. An analysis of unintentional fall injuries among 65<sup>+</sup> year old Maine residents who were treated in emergency rooms in 2004 shows that: unintentional falls are the leading cause of injury; rates of injuries as a result of falls are higher for females (4,700.9 per 100,000) than males (2,807.1 per 100,000); falling, and attendant injury, increases with age - 2,449.7 falls per 100,000 for 65-74 year olds, rising to 8,269.9 falls per 100,000 for 85+ year olds; the largest percentage of unintentional falls occur at home (14%); and 93% of patients are discharged to the community. Each year in Maine, one of every three adults age 65 or older falls. The U.S. Preventive Services Task Force recommends regular physical activity, especially balance exercises for the prevention of falls. While falls are a very real concern for older adults,

significant evidence exists which demonstrates that the fear of falling can be extremely debilitating, beginning a sequence of events that can lead to an increased risk for falls.

## Trends

43% of Maine persons aged 65 and older are overweight; 18% are obese and 55% do not meet the physical activity recommendation for adults (Maine BRFSS 2005).

According to *Healthy Maine 2010*, about 70% of Maine people die from only 4 diseases – cardiovascular disease (heart attack and stroke), cancer, chronic lung disease (primarily emphysema) and diabetes. These chronic diseases are often preventable by making improvements in 3 behavioral risk factors – tobacco addiction, physical inactivity and poor nutrition. Maine has the 4<sup>th</sup> highest percent of people in the nation who die from these 4 chronic conditions (according to CDC data from 1997). These 4 chronic diseases cost Maine about \$2.5 billion per year in health care costs.

Falls are the leading cause of unintentional injury and death in older adults. 95% of hip fractures are caused by falls, 20% of these people die within a year after a hip fracture and 25% are in a nursing home one year later.

Growth in the population 65 and older will substantially exceed growth in total population in Maine from 2000-2030. In the current decade, the elderly growth rate is more than double that of total population growth, but in the next two decades the elderly population growth rate will be significantly higher than that of general population growth. The growth in Maine's elderly population will be driven by aging of Maine residents plus an influx of retirees, who will primarily move to coastal counties. York County will show the fastest growth rates, followed by Lincoln-Sagadahoc Counties, and Cumberland County. In 2030, the oldest regions in Maine (defined as those with a population 65 or older greater than the state average) will be the coastal retirement centers in Hancock, York, and Lincoln-Sagadahoc Counties plus Aroostook County. The inland regions of central and western Maine will have slightly smaller proportions of elderly. Cumberland County will be at about the state average proportion. York, Waldo-Knox, Lincoln-Sagadahoc, and Cumberland Counties will see the largest change in their share of population 65 and over.

## Options

The following strategies should be considered:

- Wellness Programs
  - Expand availability of proven programs such as EnhanceWellness and Chronic Disease Self-Management
  - Encourage use of preventive benefits provided to people with Medicare (See Attachments)
- Physical Activities
  - Expand availability of proven exercise programs such as EnhanceFitness
  - Encourage development of environments that support physical activities – such as good sidewalks, walking trails and places to walk indoors

- Stress that any activity counts – housework, gardening, walking – just move (See Attachments)
- Encourage older adults to find social support by joining friends in regular physical activity
- Falls Prevention
  - Expansion of evidence-based programs such as A Matter of Balance
  - Exercise to improve strength and balance
  - Know and manage risk factors
  - Collaboration between older adults, health care providers and community programs to manage and reduce the risk of falls
- Nutrition
  - Increase the consumption of fruits and vegetables to at least five servings per day (See attachment).
  - Improve access to food by increasing the rates of food stamp usage and developing initiatives to address food security issues for low-income elders
- Cross-Cutting
  - Build elder friendly community concepts into community comprehensive planning guidelines
  - Educate older adults and health care providers about the importance of physical activity, managing fall risk factors, and managing chronic conditions
  - Social marketing campaigns that include older adults in Maine’s public health messages

## **Barriers**

Weather is a factor which can limit the ability of older people to participate in physical activity. This can be because of extremes in temperature – either too hot or too cold – or poor road conditions. Transportation to sites where physical activity/fall prevention programs are located can be a challenge for older adults as well as the lack of knowledge among older adults about ways to take responsibility for making changes in their behavior. Frequently there is a fee associated with programs which can present a barrier for some older adults. Nutrition counseling and other assistance to inform older people about making good nutrition choices in the food they buy are not readily available.

## **Implications**

By preventing disease and injury, older people can remain independent for as long as possible, which can improve their quality of life and delay the need for costly long-term care.

- Public health prevention expertise, integrated with the aging services network could lead to opportunities to improve the health of older adults.
- Communities can enhance opportunities for improved physical activities for older people by considering environmental changes when repairs and renovation are made to streets and sidewalks.

- Medicare offers numerous preventive services, but not all people with Medicare are aware of this. CMS (Centers for Medicare and Medicaid Services) is working with local SHIPs (State Health Insurance Information Counseling and Assistance Programs) and other state and local organizations to make people with Medicare aware of these services, which can help people stay healthy and find health problems early, when treatment works best. A listing of these benefits is attached.
- Leading a healthy lifestyle has important implications in the ability of older people to maintain their independence.

# Attachment 1

## Medicare & You 2006 - Medicare Preventive Benefits



### Section 2: Medicare Insurance Basics

**To help you stay healthy and find health problems early, when treatment works best,**

<b>Medicare Part B covers these preventive services...</b>	
<b>Bone Mass Measurements</b>	These measurements help determine if you are at risk for broken bones. Medicare covers these measurements once every 24 months (more often if medically necessary) for people with Medicare at risk for osteoporosis.
<b>Cardiovascular Screenings</b>	Ask your doctor to test your cholesterol, lipid, and triglyceride levels so he or she can help you prevent a heart attack or stroke. Medicare covers screening tests for cholesterol, lipid, and triglyceride levels every five years.
<b>Colorectal Cancer Screening</b>	These tests help find precancerous growths so they can be removed and prevent cancer. They also help find colorectal cancer early, when treatment is most effective. If you are age 50 or older, or are at high risk for colorectal cancer, one or more of the following tests is covered: Fecal Occult Blood Test, Flexible Sigmoidoscopy, Screening Colonoscopy, and/or Barium Enema. How often Medicare pays for these tests depends on the test you and your doctor decide is best and your level of risk for this cancer.
<b>Diabetes Screenings</b>	Medicare covers tests to check for diabetes. These tests are available if you have any of the following risk factors: high blood pressure, dyslipidemia (history of abnormal cholesterol and tryglyceride levels), obesity, or a history of high blood sugar. Medicare also covers these tests if you have two or more of the following characteristics: <ul style="list-style-type: none"> <li>• age 65 or older,</li> <li>• overweight,</li> <li>• family history of diabetes (parents, brothers, sisters), and</li> <li>• a history of gestational diabetes (diabetes during pregnancy), or delivery of a baby weighing more than 9 pounds.</li> </ul> Based on the results of these tests, you may be eligible for up to two diabetes screenings every year. Talk to your doctor for more information.
<b>Flu Shots</b>	These shots help prevent influenza, or flu virus. Medicare covers these shots once a flu season in the fall or winter for all people with Medicare.



# Attachment 1

## Medicare & You 2006 - Medicare Preventive Benefits (Continued)

### Section 2: Medicare Insurance Basics



To help you stay healthy and find health problems early, when treatment works best,

<b>Medicare Part B covers these preventive services...</b>	
<b>Glaucoma Tests</b>	These tests help find the eye disease glaucoma. Medicare covers these tests once every 12 months for people with Medicare at high risk for glaucoma.
<b>Hepatitis B Shots</b>	These three shots help protect people from getting Hepatitis B. Medicare covers these shots for people with Medicare at high or medium risk for Hepatitis B.
<b>Pap Test and Pelvic Exam (includes clinical breast exam)</b>	These exams check for cervical and vaginal cancers. Medicare covers these exams every 24 months for all women with Medicare and once every 12 months for women with Medicare at high risk.
<b>Pneumococcal Shot</b>	This shot helps prevent pneumococcal infections. Medicare covers this shot for all people with Medicare. Most people only need this shot once in their lifetime. Talk with your doctor.
<b>Prostate Cancer Screening</b>	These tests help find prostate cancer. Medicare covers a digital rectal exam and Prostate Specific Antigen (PSA) test once every 12 months for all men with Medicare over age 50.
<b>Screening Mammograms</b>	These tests check for breast cancer before you or your doctor may be able to feel it. Medicare covers mammograms once every 12 months for all women with Medicare age 40 and older.
<b>“Welcome to Medicare” Physical Exam (One-time)</b>	Medicare covers a one-time review of your health, as well as education and counseling about the preventive services you need, including certain screenings and shots. Referrals for other care, if you need it, are also covered. <b>Important:</b> You must have the physical exam within the first six months you have Medicare Part B.

## Attachment 2

### Maine – 2005: Physical Activity

**Adults with 30+ minutes of moderate physical activity five or more days per week, or vigorous physical activity for 20+ minutes three or more days per week\***

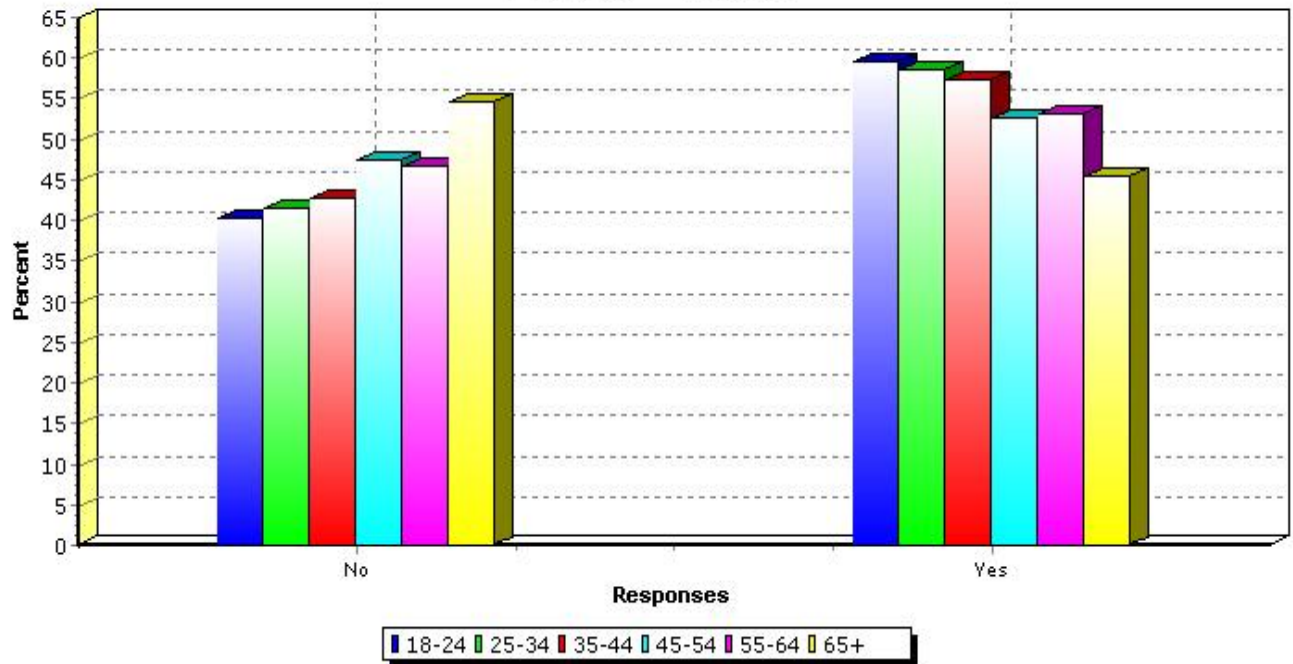
Age:		No	Yes
18-24	% CI n	40.4 (31.7-49.1) 64	59.6 (50.9-68.3) 90
25-34	% CI n	41.4 (36.1-46.7) 180	58.6 (53.3-63.9) 274
35-44	% CI n	42.7 (38.5-46.9) 288	57.3 (53.1-61.5) 384
45-54	% CI n	47.4 (43.6-51.2) 417	52.6 (48.8-56.4) 477
55-64	% CI n	46.8 (42.7-50.9) 309	53.2 (49.1-57.3) 394
65+	% CI n	54.5 (50.5-58.5) 401	45.5 (41.5-49.5) 360

\* From the National Center for Chronic Disease Prevention & Health Promotion: Behavioral Risk Factor Surveillance System

% = Percentage, CI = Confidence Interval, n = Cell Size  
 Percentages are weighted to population characteristics.  
 Use caution in interpreting cell sizes less than 50.  
 N/A = Not available if the unweighted sample size for the denominator was < 50 or the CI half width was > 10 for any cell, or if the state did not collect data for that calendar year.

**Attachment 2**  
**Maine – 2005: Physical Activity (Continued)**

**Moderate physical activity**  
**Maine - 2005**



## Attachment 3 Maine – 2005: Fruits and Vegetables

### Adults who have consumed fruits and vegetables five or more times per day\*

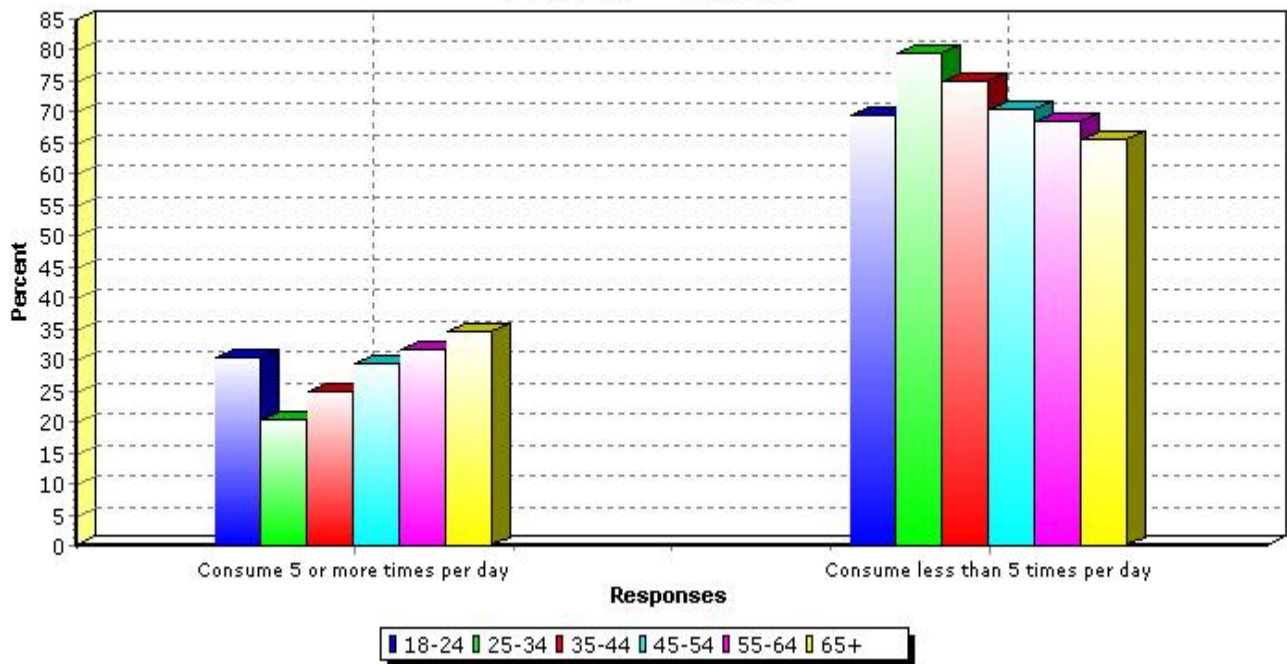
Age:		Consume 5 or more times per day	Consume less than 5 times per day
18-24	% CI n	30.4 (22.2-38.6) 46	69.6 (61.4-77.8) 110
25-34	% CI n	20.4 (16.5-24.3) 108	79.6 (75.7-83.5) 365
35-44	% CI n	24.9 (21.5-28.3) 182	75.1 (71.7-78.5) 515
45-54	% CI n	29.4 (26.1-32.7) 291	70.6 (67.3-73.9) 652
55-64	% CI n	31.6 (27.8-35.4) 230	68.4 (64.6-72.2) 510
65+	% CI n	34.5 (30.9-38.1) 297	65.5 (61.9-69.1) 560

\* From the National Center for Chronic Disease Prevention & Health Promotion: Behavioral Risk Factor Surveillance System

% = Percentage, CI = Confidence Interval, n = Cell Size  
Percentages are weighted to population characteristics.  
Use caution in interpreting cell sizes less than 50.  
N/A = Not available if the unweighted sample size for the denominator was < 50 or the CI half width was > 10 for any cell, or if the state did not collect data for that calendar year.

**Attachment 3  
Maine – 2005: Fruits and Vegetables (Continued)**

**Consumption of Fruits and Vegetables per day  
Maine - 2005**



<sup>i</sup> According to Federal Census Estimates

<sup>ii</sup> Maine Behavioral Risk Factor Surveillance System 2002