

III. HEALTH STATUS Task Force

Summary

This report discusses the health status of seniors in Tompkins County, particularly in terms of chronic disease, access to care, social isolation and nutrition. It presents health status demographics of the senior population in Tompkins County, and lists the local resources that exist in regard to health services. Several issues of particular concern are identified, including:

- the social isolation of a segment of Tompkins County seniors and its associated negative impacts on health
- clinical observations of dietitians indicating that the major dietary concerns of seniors include inadequate nutritional and fluid intake
- the identification of a lack of dental providers who accept new Medicaid patients in Tompkins County
- anecdotal evidence suggesting that the senior population, like the overall population, is increasing its use of herbal remedies, often without the knowledge or consultation of doctors

Recommendations for action are presented to address these issues.

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HEALTH STATUS Task Force

I. Introduction

Health is more than just the absence of disease. It is a quality of life that allows for self-sufficiency, productivity, and involvement within the potential of one's physical and mental abilities. There are many factors that contribute to the health status of individuals. These include housing, leisure, adequate transportation, sufficient income and good mental health. These areas are being addressed by other task forces in the Millennium Project.

The Health Status task force acknowledges that health care costs and financing are inextricably tied to the health status of seniors. Not unlike the rest of the population, seniors need adequate insurance coverage to access needed preventive and disease management health services. Also, the increasing complexity of requirements and restrictions for reimbursement to providers, hospitals, and other facilities affect the quality and the availability of health care provided to seniors in the community. These financing issues are being considered by the Health Care Financing task force.

Aside from health care costs and financing, the Health Status task force reviewed several other factors that directly affect the health status of seniors in Tompkins County. The reasons or causes for hospitalizations and the types of conditions that contribute to chronic illnesses have been considered. Quality of life and the factors that affect a functional lifespan have also been determined to be important priorities. In particular, this report explores chronic disease, access to medical and dental care, social isolation, nutrition and the increased use of herbal supplements as current issues affecting the health status of seniors in Tompkins County. Local health care services for seniors are listed, needs and issues are raised, and recommendations are made to further the health status of seniors in the new millennium.

II. Status

A. Demographics

1. Chronic Disease

In comparison to seniors across New York State, Tompkins County seniors fare well in terms of health. 1990 Census Data indicate that in Tompkins County, seniors on average have higher median incomes, are more educated and have fewer chronic limitations than seniors statewide. There are a greater percentage of people 60 years of age and over who report that they have no limitations (86.4%) compared to the rest of New York State (81.9%). In New York State, 18.1% of people 60 years of age and over report chronic limitations compared to 13.6% in Tompkins County.

The chronic diseases of Tompkins County seniors are similar to those of the nation at large. People in their 50's and 60's are less likely to have an illness (36%) than people in their 70's (45%) and 80's and 90's (50%) (Pathways study). According to COFA's 1995 needs assessment, the physical condition most often reported was arthritis, with 50.7% of seniors affected. The other physical conditions most commonly reported were as follows: high blood pressure (37.0%), eye problems (35.0%), dental problems (21.5%), foot problems (20.2%), memory problems (20.0%), heart disease (19.8%) and effects of stroke (3.3%). Of those surveyed, 10.7% said that they currently smoked and 45.2% said that they had smoked at one time.

The *Pathways to Life Quality* study was conducted by Ithaca College's Gerontology Institute and Cornell University's Applied Gerontology Research Institute in 1998. Tompkins County residents who were interviewed were between 54 and 100 years of age, about 75 years old on average. There were 868 participants from the community and senior housing. On average, 7 out of 10 rated their health status as fairly good. A vast majority, 96% said that they were able to care for their personal needs. When asked about exercise, 57% noted that they engaged in leisurely or brisk walking, pool exercises, stretching or yoga.

Only 7% now smoke, although almost half were once smokers; the average age of quitting was 49. (Approximately 22% of the general US population uses tobacco.) Few in the study reported serious illness but women did so more than men. Women tended to have more arthritis and high blood pressure, while men were more likely to suffer from heart problems or cancer. There was a statistically significant difference between men and women reporting broken bones or osteoporosis; there was a greater incidence among women.

The *Community Health Assessment 1999 - 2004* produced by the Tompkins County Health Department notes that between 1990 and 2010, the number of people between the ages of 50 and 54 and 55 and 59 is expected to double and the number of 60 to 64 year olds will increase by almost as much as 70%. In 2010, there will be about 27,802 people 50 years of age and older. Beginning in that year, the 65 + group will begin to account for an increasing proportion of adults. The assessment recommends that community health planning should include an emphasis on preventive services and chronic disease management.

The *Healthy People 2000 Progress Review of Older Adults*, May 1996 notes that the Years of Healthy Life (YHL) measure incorporates life expectancy and data on self-perceived health status and restricted activities due to chronic conditions. Provisional data show that YHL remaining at age 65 was 11.9 years. For women life expectancy is greater, but there are also many more years of “unhealthy” life. The review also indicates that the 7 leading causes of death for people aged 65 and older are heart disease, cancer, stroke, chronic obstructive pulmonary disease (COPD), pneumonia and influenza, diabetes and unintentional injuries, in that order. The progress review highlights needs and makes follow-up recommendations (See Appendix).

The Hospital Association of New York State (HANYYS) reports from various sources including the *Older Americans Report, April 23, 1999* that “the focus on disease prevention among the elderly is being fueled by the need to decrease chronic illnesses, decrease health care costs, and increase quality of life. As baby

boomers age, prevention and health promotion will be even more critical in controlling health care costs.”

2. Access to Care

COFA’s 1995 needs assessment found that 7% of Tompkins County seniors indicated they do not have a “regular physician who coordinates all health care needs.” Of those respondents who did have a regular physician, 58.2% used general or family medical practitioners, and 28.0% visited internal medicine specialists.

COFA’s survey indicated that 5.2% of seniors have difficulty in obtaining needed health care services. Of those having difficulty, 66.7% were women, 41.7% lived alone, and 29.2% had incomes below 150% of the federal poverty guidelines. Of those having difficulty, 45.8% cited financial problems as the reason, and 12.5% stated they could not get in to see a physician.

Finally, COFA’s survey indicated that 94.3% of seniors saw or talked to a medical doctor or health professional within the last year, 2.8% within the last two years, and 2.4% had not seen a physician or other health professional for more than two years.

The anecdotal evidence of human service professionals suggests that there is currently a lack of dentists who accept new Medicaid patients in Tompkins County. These observations were further substantiated upon inquiry to the Tompkins County Medicaid Department.

3. Social Isolation

Given that Tompkins County is a rural county, seniors here may particularly suffer the emotional and health effects of social isolation. Some physicians note isolation as a particular concern that impacts the health status of their senior patients. According to the County Office for the Aging (COFA)’s needs assessment, 3.0% of seniors usually didn’t get out of the house and 8.3%

didn't get out as often as they would like. The survey indicated that 12.8% of seniors didn't have a neighbor on whom they could call if they needed help; moreover, 15.0% of respondents didn't know one or more of their neighbors well enough to visit. COFA reports that 19.3% of seniors had not visited in person with anyone either at their own or someone else's house within the past week, and 11.5% of respondents indicated that they did not have as much contact as they would like with a person that "they feel close to."

From the data, an isolation index was created, revealing that 7.4% of female respondents and 5.5% of male respondents scored 3 or higher on a scale of 1 to 5. Of these, 35.5% lived alone. Based on this isolation index, it can be estimated that 837 seniors in Tompkins County are too isolated.

4. Nutrition

Both COFA and the Pathways survey found that approximately a third of Tompkins County seniors had made dietary changes, avoiding meat, milk, cheese or eggs because of cholesterol problems. Registered dietitians and physicians recognize seniors' concerns about dietary cholesterol and its impact on cardio-vascular disease. However, a more primary concern of clinicians is that of seniors' receiving adequate nutritional intake—lowering cholesterol is of secondary priority. Seniors living alone are more apt to be at nutritional risk, as meals are not necessarily scheduled regularly, snacks are substituted for meals or meals are skipped altogether .

Based upon the observations of dietitians working with seniors throughout the county, there is also concern that people are not drinking adequate fluids. Seniors are at greater risk for dehydration than other age groups.

5. Increased Use of Herbal Supplements

The task force discussed the anecdotal observance of the increase in use of herbal remedies. Health care and other service providers noted the concern. There are no statistical data available. Seniors are not unlike the general population that seeks alternatives or supplements to prescribed medications. However, herbal remedies may be contraindicated for certain medical conditions and/or may cause adverse effects when combined with prescribed or over the counter medications. Baby boomers tend to have had previous experience, knowledge, or inclination to use “natural” or “herbal” remedies. As this group ages, and health concerns and ailments emerge, an increase in the use of herbal remedies is expected.

B. Services Available in Tompkins County

1. Medical-Related

a. The Healthy Women Partnership targets women between ages 50 and 64 years of age who are underinsured or non-insured. Clinical breast exams and cervical and mammography screenings are provided. Cayuga Medical Center coordinates the services and serves as the lead agency for the partnership.

b. An annual flu vaccination campaign by the Health Department targets senior citizens at various sites throughout the county. In 1998, a pneumococcal vaccination campaign was initiated to immunize seniors 65 years of age and older who had not yet received the pneumonia shot.

c. 60 family physicians and internists are in practice in Tompkins County. No data are available on how many specialize in geriatric health issues. As of May 1999, 19 of 23 practices are accepting new patients.

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d. The Cayuga Medical Center (CMC) offers general medical care, including: inpatient, outpatient and emergency medical services; comprehensive diagnostic services; surgical programs; health education and support programs; diabetes education; smoking cessation programs; stress management; and a medically managed weight loss program. The Rehabilitation Department offers physical, occupational and speech therapy and a supervised exercise program. The Silver Service program offers health education programs specifically geared toward seniors. Pain management services are available by referral on an outpatient basis. The Pain Management Clinic at CMC is well utilized.

e. The Convenient Care Center, a branch of the Cayuga Medical Center, offers non-emergency walk-in medical services. In 1999, a Geri-Psych Program was initiated at the Convenient Care Center, offering outpatient mental health and support services to seniors to help them with life transitions.

f. The Tompkins County Office for the Aging sponsors the Caregivers' Resource Center and Alzheimer's Support Unit. The Center maintains a lending and reference library on medical conditions which affect older people and developmentally disabled adults. The Center also sponsors various support groups for seniors and their caregivers, including an Alzheimer's Support Group, Parkinson's Support Group, Stroke Support Group, Caregivers of Adults with Developmental Disabilities, and a General Caregivers Group.

g. The Tompkins County Senior Citizens' Council offers education, advocacy and health insurance counseling. The Center's Health Committee addresses the special health needs of seniors through advocacy and periodic health forums.

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h. The Arthritis Foundation runs a Swim Program at the YMCA, offering low-impact aerobics for arthritis sufferers. The classes meet daily, Monday- Friday for one hour. A fee is charged.

i. The Finger Lakes Independence Center offers Information, referral and advocacy on hearing loss, deafness, visual impairments and other physical disabilities.

j. Loan closets offer equipment and assistive devices on a temporary basis to those with physical disabilities. Currently, three loan closets are run in Tompkins County: the Dryden Veterans' Memorial Home, the Finger Lakes Independence Center and the Trumansburg American Legion.

2. Social Programs

a. The Tompkins County Office for the Aging sponsors a Friendly Visitor Program, matching volunteers with homebound seniors to provide weekly companionship and support. In 1998, a total of 98 seniors received weekly friendly visits through this program.

b. The Tompkins County Senior Citizens' Council sponsors an outreach program targeted to the African American community in the Northside/Southside areas of Ithaca. This program offers monthly shopping trips, friendly visiting, and outreach services.

c. The Senior Citizens' Council offers an array of social, educational and recreational activities at its main location in Ithaca. Additionally, the Countywide Activities program includes twelve units which meet once or twice monthly in the following locations: Caroline, Danby, Dryden,

Ellis Hollow, Enfield, Groton, Lansing, Newfield, Northeast, Retired Teachers, Trumansburg and Varna.

3. Nutrition Programs

a. Foodnet, Inc. offers delivered meals to homebound seniors throughout Tompkins County. Foodnet's Congregate Meals provide opportunity for socialization as well as nutrition, and are served at the following locations: Titus Towers, Salvation Army, Groton Center Village Court, Trumansburg First Baptist Church and Lansing Woodsedge apartments. Nutrition counseling and education are provided to individuals and groups.

b. Meals on Wheels offers specialized home delivered meals to seniors living in the city of Ithaca and within the hospital corridor.

c. The Southside Shopping Program delivers groceries to homebound seniors residing in the Northside and Southside corridors of Ithaca.

d. The Tompkins County Food Pantry Network consists of 16 agencies that provide allocations of food to those who need it at no cost. The organizations include: the Baptized Church of Jesus Christ, the Caroline Food Pantry, the Danby Food Pantry, the Enfield Food Distribution, the Groton Food Providers, the Ithaca Kitchen Cupboard, the Lansing Food Pantry, the Newfield Kitchen Cupboard, Our Lord's Temple, the Salvation Army, the Southside Community Center, the Tompkins County EOC Pantry, the Tompkins County Red Cross Pantry, the Tompkins County Red Cross Shelter and the Trumansburg Food Pantry. Additionally, Loaves and Fishes, a soup kitchen, provides hot nutritious meals to people of all ages free of charge.

Demographic estimates indicate that the number of senior citizens served at Food Pantries across the nation is rising. Locally, Loaves and Fishes noted a 160% increase in the number of senior citizens served between 1995 and 1998. However, because the age of the guests at Loaves and Fishes is estimated and not self-reported, it is difficult to make conclusions based solely upon these data.

4. Exercise Programs

a. The Tompkins County Senior Citizens' Council offers regular classes and activities including therapeutic exercise, square, tap and line dancing and tai chi. The Council also sponsors a health promotion program, including a series of springtime walking events and strength training. Exercise programs are offered at two rural Council units, in Danby and the Northeast; however, funding for these programs is scarce.

b. Various fitness facilities offer classes geared toward seniors. Senior memberships are typically offered at slightly reduced rates.

III. Issues, Needs and Highlights

The Health Status Task Force has identified the following priorities for the consideration of the community to stimulate action to improve or maintain the health status of seniors:

A. Chronic Disease Prevention, which includes cancer, coronary heart disease, stroke diabetes, osteoporosis, arthritis. Efforts to reduce chronic disease may help to decrease the number of hospitalizations (coronary heart disease is the leading cause of hospitalization at Cayuga Medical Center) and improve expectations for healthier and more productive old age. Two important risk

factors contributing to chronic disease include poor nutrition and sedentary lifestyles.

The World Health Organization (WHO) designated “Healthy Aging” as the topic of its annual World Health Day in April 1999. The organization decided that this day provided an ideal opportunity to educate the public about the healthy lifestyle choices that will allow them to be healthier and feel better as they age. (See Appendix for recommendations for healthy aging by the WHO.)

B. Social Isolation is a factor which is negatively associated with physical and mental health. It has an impact on self-care issues such as nutrition, physical activity, personal hygiene and is a contributing factor to alcoholism in the senior population.

C. The Use of Herbal Remedies has become an increasing concern. There are no standard dosages for such remedies; many of these remedies are contraindicated for certain medical conditions or when used with prescription medications. Patients often fail to mention to their physicians that they are taking self prescribed herbal remedies. And their physicians often do not include inquiries on the use of herbal remedies during a medical assessment. In the *Pathways* study, 3 out of 4 or 78% are taking prescription medications most often for high blood pressure or heart ailments.

D. Clinical observations of dietitians indicate that many Tompkins County seniors are not drinking adequate fluids; additionally, some seniors’ nutritional intake is inadequate. As previously stated, social isolation contributes to nutritional risk.

E. A lack of dentists who accept Medicaid patients exists in Tompkins County. Financial disincentives cause dentists to accept few to no Medicaid patients. The reimbursement provided by Medicaid does not cover the cost of dental supplies let alone the labor costs. Because dental offices lose money with Medicaid reimbursement, most practices limit the number of Medicaid patients that they can serve. According to the Tompkins County Medicaid Department, patients are often referred to Cortland or Syracuse for dental care. (Please note: this unmet need was later identified by the Office for the Aging and was not discussed by the Health Status Task Force.)

III. Action Recommendations

It is recommended:

- A.** THAT opportunities be developed for homebound seniors to become physically active by encouraging, for example, a buddy system, and organized activities for rural residents.
- B.** THAT the Surgeon General's Report on Physical Activity and Health be utilized to address key messages to seniors and stimulate community action (See Appendix).
- C.** THAT current efforts to inform providers, caregivers, discharge planners and families of available community services and programs be intensified and expanded. A "systems education" process for all concerned to increase access to available services and resources should be developed. These include congregate meal locations, Food Net, Meals on Wheels, other care services.

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- D.** THAT methods be developed to increase the proportion of seniors who receive flu and pneumococcal vaccines, mammogram screenings, clinical breast exams and prostate screenings.
- E.** THAT health education and health promotion opportunities in the community be encouraged for all age groups.
- F.** THAT intergenerational opportunities be provided to encourage interaction among all age groups, to educate the community about healthy and productive aging, and to provide a continuum of activity and social involvement from the work force to retirement.
- G.** THAT awareness of and education about the use of herbal remedies be increased, among both the general population and health care providers. This should involve working with physicians to include inquiries about herbal remedies in medical assessments.
- H.** THAT guidelines for physical activity, nutrition, herbal remedy use, and community action included in the appendix of this report be utilized as references for policy and program development and general community and individual education.
- I.** THAT agencies, dental providers and community members collaborate to create local options for Medicaid recipients in need of dental care.