

CHAPTER 31

Older Adults (OA)

Lead Agencies

Administration for Community Living
Centers for Disease Control and Prevention
National Institutes of Health

Contents

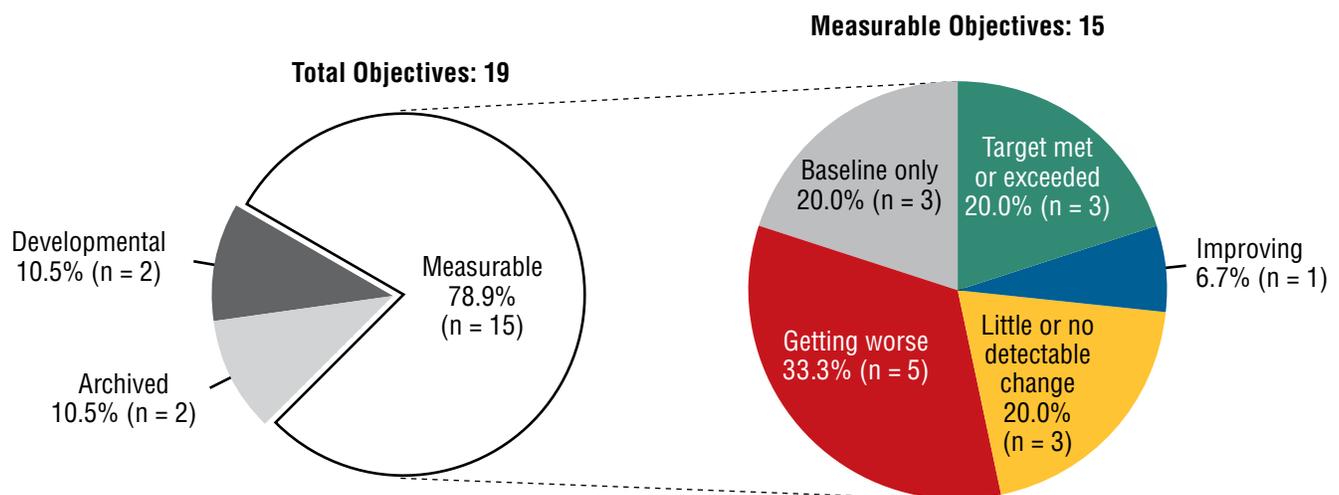
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Goal: Improve the health, function, and quality of life of older adults.

This chapter includes objectives that monitor preventive services to maintain the quality of life and wellness of older adults; quality health care for older adults; the availability of geriatric specialists; and access to needed long-term services and supports. The *Reader's Guide* provides a step-by-step explanation of the content of this chapter, including criteria for highlighting objectives in the Selected Findings.¹

Status of Objectives

Figure 31–1. Midcourse Status of the Older Adults Objectives



Of the 19 objectives in the Older Adults Topic Area, 2 objectives were archived,² 2 were developmental,³ and 15 were measurable⁴ (Figure 31–1, Table 31–1). The midcourse status of the measurable objectives (Table 31–2) was as follows:

- 3 objectives had met or exceeded their 2020 targets,⁵
- 1 objective was improving,⁶
- 3 objectives had demonstrated little or no detectable change,⁷
- 5 objectives were getting worse,⁸ and
- 3 objectives had baseline data only.⁹

Selected Findings

Prevention

- Between 2008 and 2013, the proportion of **Medicare Part B beneficiaries who had a “Welcome to Medicare” visit during the 12 months following enrollment** (OA-1) increased from 6.4% to 6.8%, moving toward the 2020 target (Table 31–2).

- Data beyond the baseline were not available for the proportion of **males** (OA-2.1: 40.5% in 2012) or **females** (OA-2.2: 42.5% in 2012) **aged 65 and over who were up to date on a core set of clinical preventive services**, so progress toward the 2020 targets could not be assessed (Table 31–2).
 - » In 2012, there were statistically significant disparities by race and ethnicity, education, and disability status in the proportion of males (OA-2.1) and females (OA-2.2) aged 65 and over who were up to date on a core set of clinical preventive services (Table 31–3).
- The proportion of **Medicare beneficiaries with diabetes who received Diabetes Self-management Benefits** (OA-4) decreased from 2.0% in 2008 to 0.6% in 2013, moving away from the baseline and 2020 target (Table 31–2).
- The age-adjusted proportion of **adults aged 65 and over with moderate to severe functional limitations** (OA-5) increased from 29.3% in 2007 to 32.2% in 2011, moving away from the baseline and 2020 target (Table 31–2).

- » In 2011, there were statistically significant disparities by sex and race and ethnicity in the age-adjusted proportion of adults aged 65 and over with moderate to severe functional limitations (Table 31–3, OA-5).
- The proportion of **adults aged 65 and over with reduced physical or cognitive function who engaged in leisure-time physical activity** (OA-6) increased from 32.6% in 2008 to 41.4% in 2014, exceeding the 2020 target (Table 31–2).
 - » In 2014, there were statistically significant disparities by sex, education, and family income in the proportion of adults aged 65 and over with reduced physical or cognitive function who engaged in leisure-time physical activity (OA-6). Disparities by race and ethnicity and geographic location were not statistically significant (Table 31–3).
- The proportion of **registered nurses with geriatric certification** decreased (OA-7.3: 1.4% in 2004 and 0.5% in 2013), as did the proportion of **dentists with geriatric certification** (OA-7.4: 0.20% in 2007 and 0.10% in 2012), moving away from their respective baselines and 2020 targets (Table 31–2).
- The proportion of **physical therapists with geriatric certification** increased (OA-7.5: 0.6% in 2009 and 0.9% in 2013), as did the proportion of **registered dietitians with geriatric certification** (OA-7.6: 0.30% in 2009 and 0.60% in 2013), exceeding their respective 2020 targets (Table 31–2).

Long-term Services and Supports

- There was little or no detectable change in the rate of **pressure ulcer-related hospitalizations among adults aged 65 and over** (OA-10) between 2007 and 2013 (985.8 and 1,011.6 per 100,000, respectively) (Table 31–2).
 - » In 2013, there was a statistically significant disparity in the rate of pressure ulcer-related hospitalizations among adults aged 65 and over by geographic location (OA-10). The disparity by sex was not statistically significant (Table 31–3).
- The age-adjusted rate of **emergency department visits for falls among persons aged 65 and over** (OA-11) increased from 5,235.1 per 100,000 population in 2007 to 6,893.5 per 100,000 in 2011, moving away from the baseline and 2020 target (Table 31–2).
 - » In 2011, there was a statistically significant disparity in age-adjusted fall-related visit rates to emergency departments among persons aged 65 and over by sex (OA-11). The disparities by race and ethnicity

and provider’s geographic location were not statistically significant (Table 31–3).

More Information

Readers interested in more detailed information about the objectives in this topic area are invited to visit the [HealthyPeople.gov](http://www.healthypeople.gov) website, where extensive substantive and technical information is available:

- For the background and importance of the topic area, see: <https://www.healthypeople.gov/2020/topics-objectives/topic/older-adults>
- For data details for each objective, including definitions, numerators, denominators, calculations, and data limitations, see: <https://www.healthypeople.gov/2020/topics-objectives/topic/older-adults/objectives>
Select an objective, then click on the “Data Details” icon.
- For objective data by population group (e.g., sex, race and ethnicity, or family income), including rates, percentages, or counts for multiple years, see: <https://www.healthypeople.gov/2020/topics-objectives/topic/older-adults/objectives>
Select an objective, then click on the “Data2020” icon.

Data for the measurable objectives in this chapter were from the following data sources:

- American Board of Physical Therapy Specialties: <http://www.abpts.org/home.aspx>
- Academy of Nutrition and Dietetics: <http://www.eatrightpro.org>
- American Physical Therapy Association: <https://www.apta.org/>
- Commission on Dietetic Registration: <https://www.cdrnet.org/>
- Behavioral Risk Factor Surveillance System: <http://www.cdc.gov/brfss/>
- Distribution of Dentists in the United States by Region and State: <https://www.healthypeople.gov/2020/data-source/physician-characteristics-and-distribution-in-the-united-statesPages/2007DistributionofDentistsintheUnitedStatesbyRegionandState%28December2009%29.aspx>
- Healthcare Cost and Utilization Project–Nationwide Inpatient Sample: <https://www.hcup-us.ahrq.gov/nisoverview.jsp>
- Medicare Administrative Data: <https://data.medicare.gov/>

- Medicare Current Beneficiary Survey:
<https://www.cms.gov/Research-Statistics-Data-and-Systems/Research/MCBS/index.html>
- National Center on Elder Abuse:
<https://ncea.acl.gov/>
- National Health Interview Survey:
<http://www.cdc.gov/nchs/nhis.htm>
- National Hospital Ambulatory Medical Care Survey:
<http://www.cdc.gov/nchs/ahcd.htm>
- National Sample Survey of Registered Nurses:
<https://www.healthypeople.gov/2020/data-source/national-sample-survey-registered-nurses>
- Physician Characteristics and Distribution in the United States: <https://www.healthypeople.gov/2020/data-source/physician-characteristics-and-distribution-in-the-united-states>

Footnotes

¹The **Technical Notes** provide more information on Healthy People 2020 statistical methods and issues.

²**Archived** objectives are no longer being monitored due to lack of data source, changes in science, or replacement with other objectives.

³**Developmental** objectives did not have a national baseline value.

⁴**Measurable** objectives had a national baseline value.

⁵**Target met or exceeded**—One of the following, as specified in the Midcourse Progress Table:

- » At baseline the target was not met or exceeded and the midcourse value was equal to or exceeded the target. (The percentage of targeted change achieved was equal to or greater than 100%.)
- » The baseline and midcourse values were equal to or exceeded the target. (The percentage of targeted change achieved was not assessed.)

⁶**Improving**—One of the following, as specified in the Midcourse Progress Table:

- » Movement was toward the target, standard errors were available, and the percentage of targeted change achieved was statistically significant.
- » Movement was toward the target, standard errors were not available, and the objective had achieved 10% or more of the targeted change.

⁷**Little or no detectable change**—One of the following, as specified in the Midcourse Progress Table:

- » Movement was toward the target, standard errors were available, and the percentage of targeted change achieved was not statistically significant.
- » Movement was toward the target, standard errors were not available, and the objective had achieved less than 10% of the targeted change.
- » Movement was away from the baseline and target, standard errors were available, and the percentage change relative to the baseline was not statistically significant.
- » Movement was away from the baseline and target, standard errors were not available, and the objective had moved less than 10% relative to the baseline.
- » There was no change between the baseline and the midcourse data point.

⁸**Getting worse**—One of the following, as specified in the Midcourse Progress Table:

- » Movement was away from the baseline and target, standard errors were available, and the percentage change relative to the baseline was statistically significant.
- » Movement was away from the baseline and target, standard errors were not available, and the objective had moved 10% or more relative to the baseline.

⁹**Baseline only**—The objective only had one data point, so progress toward target attainment could not be assessed.

Suggested Citation

National Center for Health Statistics. Chapter 31: Older Adults. Healthy People 2020 Midcourse Review. Hyattsville, MD. 2016.

Table 31–1. Older Adults Objectives

LEGEND



Data for this objective are available in this chapter's Midcourse Progress Table.



Disparities data for this objective are available, and this chapter includes a Midcourse Health Disparities Table.



A state or county level map for this objective is available at the end of the chapter.

Not Applicable

Midcourse data availability is not applicable for developmental and archived objectives. **Developmental** objectives did not have a national baseline value. **Archived** objectives are no longer being monitored due to lack of data source, changes in science, or replacement with other objectives.

Objective Number	Objective Statement	Data Sources	Midcourse Data Availability
Prevention			
OA-1	Increase the proportion of older adults who use the Welcome to Medicare benefit	Medicare Administrative Data, CMS	
OA-2.1	Increase the proportion of males aged 65 years and older who are up to date on a core set of clinical preventive services	Behavioral Risk Factor Surveillance System (BRFSS), CDC/NCCDPHP	
OA-2.2	Increase the proportion of females aged 65 years and older who are up to date on a core set of clinical preventive services	Behavioral Risk Factor Surveillance System (BRFSS), CDC/NCCDPHP	
OA-3	(Archived) Increase the proportion of older adults with one or more chronic health conditions who report confidence in managing their conditions	(Potential) Behavioral Risk Factor Surveillance System (BRFSS), CDC/NCCDPHP	Not Applicable
OA-4	Increase the proportion of older adults who receive Diabetes Self-Management Benefits	Medicare Administrative Data, CMS	
OA-5	Reduce the proportion of older adults who have moderate to severe functional limitations	Medicare Current Beneficiary Survey (MCBS), CMS	
OA-6	Increase the proportion of older adults with reduced physical or cognitive function who engage in light, moderate, or vigorous leisure-time physical activities	National Health Interview Survey (NHIS), CDC/NCHS	
OA-7.1	Increase the proportion of physicians with geriatric certification	Physician Characteristics and Distribution in the United States, American Medical Association (AMA)	
OA-7.2	Increase the proportion of psychiatrists with geriatric certification	Physician Characteristics and Distribution in the United States, American Medical Association (AMA)	
OA-7.3	Increase the proportion of registered nurses with geriatric certification	National Sample Survey of Registered Nurses (NSSRN), HRSA/BHP	
OA-7.4	Increase the proportion of dentists with geriatric certification	Distribution of Dentists in the United States by Region and State, American Dental Association (ADA)	

Table 31-1. Older Adults Objectives—Continued

LEGEND

	Data for this objective are available in this chapter's Midcourse Progress Table.		Disparities data for this objective are available, and this chapter includes a Midcourse Health Disparities Table.		A state or county level map for this objective is available at the end of the chapter.
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Not Applicable	Midcourse data availability is not applicable for developmental and archived objectives. Developmental objectives did not have a national baseline value. Archived objectives are no longer being monitored due to lack of data source, changes in science, or replacement with other objectives.
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Objective Number	Objective Statement	Data Sources	Midcourse Data Availability
Prevention—Continued			
OA-7.5	Increase the proportion of physical therapists with geriatric certification	American Physical Therapy Association and American Board of Physical Therapy Specialties	
OA-7.6	Increase the proportion of registered dietitians with geriatric certification	American Dietetic Association and Commission on Dietetic Registration	
Long-term Services and Supports			
OA-8	(Developmental) Reduce the proportion of noninstitutionalized older adults with disabilities who have an unmet need for long-term services and supports	(Potential) National Health and Aging Trends Study (NHATS), NIA	Not Applicable
OA-9	(Archived) Reduce the proportion of unpaid caregivers of older adults who report an unmet need for caregiver support services	(Potential) National Health and Aging Trends Study (NHATS), NIA	Not Applicable
OA-10	Reduce the rate of pressure ulcer-related hospitalizations among older adults	Healthcare Cost and Utilization Project—Nationalwide Inpatient Sample (HCUP–NIS), AHRQ; Population Estimates, Census	 
OA-11	Reduce the rate of emergency department (ED) visits due to falls among older adults	National Hospital Ambulatory Medical Care Survey (NHAMCS), CDC/NCHS	 
OA-12.1	Increase the number of States and the District of Columbia that collect and make publicly available information on the characteristics of victims, perpetrators, and cases of elder abuse, neglect, and exploitation	National Center on Elder Abuse (NCEA), ACL	
OA-12.2	(Developmental) Increase the number of Tribes that collect and make publicly available information on the characteristics of victims, perpetrators, and cases of elder abuse, neglect, and exploitation	(Potential) National Center on Elder Abuse (NCEA), ACL	Not Applicable

Table 31–2. Midcourse Progress for Measurable¹ Older Adults Objectives

LEGEND

 Target met or exceeded ^{2,3}	 Improving ^{4,5}	 Little or no detectable change ⁶⁻¹⁰	 Getting worse ^{11,12}	 Baseline only ¹³	 Informational ¹⁴
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Objective Description	Baseline Value (Year)	Midcourse Value (Year)	Target	Movement Toward Target ¹⁵	Movement Away From Baseline ¹⁶	Movement Statistically Significant ¹⁷
Prevention						
 ⁵ OA-1 Older adults using the Welcome to Medicare benefit (percent)	6.4% (2008)	6.8% (2013)	7.0%	66.7%		
 ¹³ OA-2.1 Males who are up to date on a core set of clinical preventive services (percent, 65+ years)	40.5% (2012)		44.6%			
 ¹³ OA-2.2 Females who are up to date on a core set of clinical preventive services (percent, 65+ years)	42.5% (2012)		46.8%			
 ¹² OA-4 Older adults with diabetes who have had Diabetes Self-management Benefits (percent, Medicare beneficiaries with diabetes)	2.0% (2008)	0.6% (2013)	2.2%		70.0%	
 ¹¹ OA-5 Older adults who have moderate to severe functional limitations (age-adjusted, percent, 65+ years)	29.3% (2007)	32.2% (2011)	26.4%		9.9%	Yes
 ² OA-6 Older adults with reduced physical or cognitive function who engage in leisure-time physical activities (percent, 65+ years)	32.6% (2008)	41.4% (2014)	35.9%	266.7%		Yes
 ⁹ OA-7.1 Physicians with geriatric certification (percent)	2.7% (2009)	2.5% (2014)	3.0%		7.4%	
 ⁹ OA-7.2 Psychiatrists with geriatric certification (percent)	4.3% (2009)	4.2% (2014)	4.7%		2.3%	
 ¹² OA-7.3 Registered nurses with geriatric certification (percent)	1.4% (2004)	0.5% (2013)	1.5%		64.3%	
 ¹² OA-7.4 Dentists with geriatric certification (percent)	0.20% (2007)	0.10% (2012)	0.22%		50.0%	
 ² OA-7.5 Physical therapists with geriatric certification (percent)	0.6% (2009)	0.9% (2013)	0.7%	300.0%		
 ² OA-7.6 Registered dieticians with geriatric certification (percent)	0.30% (2009)	0.60% (2013)	0.33%	1000.0%		

Table 31–2. Midcourse Progress for Measurable¹ Older Adults Objectives—Continued

LEGEND

 Target met or exceeded^{2,3}
 Improving^{4,5}
 Little or no detectable change^{6–10}
 Getting worse^{11,12}
 Baseline only¹³
 Informational¹⁴

Objective Description	Baseline Value (Year)	Midcourse Value (Year)	Target	Movement Toward Target ¹⁵	Movement Away From Baseline ¹⁶	Movement Statistically Significant ¹⁷
Long-term Services and Supports						
 ⁸ OA-10 Pressure ulcer-related hospitalizations among older adults (per 100,000 population, 65+ years)	985.8 (2007)	1,011.6 (2013)	887.3		2.6%	No
 ¹¹ OA-11 Emergency department visits for falls (age-adjusted, per 100,000 population, 65+ years)	5,235.1 (2007)	6,893.5 (2011)	4,711.6		31.7%	Yes
 ¹³ OA-12.1 States reporting information about victims and perpetrators of elder abuse (number of states and District of Columbia)	3 (2004)		4			

NOTES

See HealthyPeople.gov for all Healthy People 2020 data. The **Technical Notes** provide more information on the measures of progress.

FOOTNOTES

¹**Measurable** objectives had a national baseline value.

Target met or exceeded:

²At baseline the target was not met or exceeded and the midcourse value was equal to or exceeded the target. (The percentage of targeted change achieved was equal to or greater than 100%.)

³The baseline and midcourse values were equal to or exceeded the target. (The percentage of targeted change achieved was not assessed.)

Improving:

⁴Movement was toward the target, standard errors were available, and the percentage of targeted change achieved was statistically significant.

⁵Movement was toward the target, standard errors were not available, and the objective had achieved 10% or more of the targeted change.

Little or no detectable change:

⁶Movement was toward the target, standard errors were available, and the percentage of targeted change achieved was not statistically significant.

⁷Movement was toward the target, standard errors were not available, and the objective had achieved less than 10% of the targeted change.

⁸Movement was away from the baseline and target, standard errors were available, and the percentage change relative to the baseline was not statistically significant.

⁹Movement was away from the baseline and target, standard errors were not available, and the objective had moved less than 10% relative to the baseline.

¹⁰There was no change between the baseline and the midcourse data point.

Getting worse:

¹¹Movement was away from the baseline and target, standard errors were available, and the percentage change relative to the baseline was statistically significant.

¹²Movement was away from the baseline and target, standard errors were not available, and the objective had moved 10% or more relative to the baseline.

¹³**Baseline only:** The objective only had one data point, so progress toward target attainment could not be assessed.

¹⁴**Informational:** A target was not set for this objective, so progress toward target attainment could not be assessed.

FOOTNOTES—Continued

¹⁵For objectives that **moved toward** their targets, movement toward the target was measured as the percentage of targeted change achieved (unless the target was already met or exceeded at baseline):

$$\text{Percentage of targeted change achieved} = \frac{\text{Midcourse value} - \text{Baseline value}}{\text{HP2020 target} - \text{Baseline value}} \times 100$$

¹⁶For objectives that **moved away** from their baselines and targets, movement away from the baseline was measured as the magnitude of the percentage change from baseline:

$$\text{Magnitude of percentage change from baseline} = \frac{|\text{Midcourse value} - \text{Baseline value}|}{\text{Baseline value}} \times 100$$

¹⁷Statistical significance was tested when the objective had a target and at least two data points, standard errors of the data were available, and a normal distribution could be assumed. Statistical significance of the percentage of targeted change achieved or the magnitude of the percentage change from baseline was assessed at the 0.05 level using a normal one-sided test.

DATA SOURCES

OA-1	Medicare Administrative Data, CMS
OA-2.1	Behavioral Risk Factor Surveillance System (BRFSS), CDC/NCCDPHP
OA-2.2	Behavioral Risk Factor Surveillance System (BRFSS), CDC/NCCDPHP
OA-4	Medicare Administrative Data, CMS
OA-5	Medicare Current Beneficiary Survey (MCBS), CMS
OA-6	National Health Interview Survey (NHIS), CDC/NCHS
OA-7.1	Physician Characteristics and Distribution in the United States, American Medical Association (AMA)
OA-7.2	Physician Characteristics and Distribution in the United States, American Medical Association (AMA)
OA-7.3	National Sample Survey of Registered Nurses (NSSRN), HRSA/BHP
OA-7.4	Distribution of Dentists in the United States by Region and State, American Dental Association (ADA)
OA-7.5	American Physical Therapy Association and American Board of Physical Therapy Specialties
OA-7.6	American Dietetic Association and Commission on Dietetic Registration
OA-10	Healthcare Cost and Utilization Project—Nationwide Inpatient Sample (HCUP–NIS), AHRQ; Population Estimates, Census
OA-11	National Hospital Ambulatory Medical Care Survey (NHAMCS), CDC/NCHS
OA-12.1	National Center on Elder Abuse (NCEA), ACL

Table 31–3. Midcourse Health Disparities¹ for Population-based Older Adults Objectives—Continued

NOTES

See [HealthyPeople.gov](https://www.healthypeople.gov) for all Healthy People 2020 data. The **Technical Notes** provide more information on the measures of disparities.

FOOTNOTES

¹**Health disparities** were assessed among population groups within specified demographic characteristics (sex, race and ethnicity, educational attainment, etc.). This assessment did not include objectives that were not population-based, such as those based on states, worksites, or those monitoring the number of events.

²When there were only two groups (e.g., male and female), the **summary disparity ratio** was the ratio of the higher to the lower rate.

³When there were three or more groups (e.g., white non-Hispanic, black non-Hispanic, Hispanic) and the most favorable rate (R_b) was the highest rate, the **summary disparity ratio** was calculated as R_b/R_a , where R_a = the average of the rates for all other groups. When there were three or more groups and the most favorable rate was the lowest rate, the summary disparity ratio was calculated as R_a/R_b .

⁴Unless otherwise footnoted, data do not include persons under age 25 years.

⁵Unless otherwise footnoted, the poor, near-poor, middle, near-high, and high income groups are for persons whose family incomes were less than 100%, 100%–199%, 200%–399%, 400%–599%, and at or above 600% of the poverty threshold, respectively.

FOOTNOTES—Continued

^aData are for Asian or Pacific Islander persons.

^bData are for persons who completed some college or technical school.

^cData are for persons who completed a 4-year college degree or above.

^dData are for persons with activity limitations.

^eData are for persons without activity limitations.

^fLocation of the healthcare provider.

*The summary disparity ratio was significantly greater than 1.000. Statistical significance was assessed at the 0.05 level using a normal one-sided test on the natural logarithm scale.

DATA SOURCES

OA-2.1	Behavioral Risk Factor Surveillance System (BRFSS), CDC/NCCDPHP
OA-2.2	Behavioral Risk Factor Surveillance System (BRFSS), CDC/NCCDPHP
OA-5	Medicare Current Beneficiary Survey (MCBS), CMS
OA-6	National Health Interview Survey (NHIS), CDC/NCHS
OA-10	Healthcare Cost and Utilization Project–Nationwide Inpatient Sample (HCUP–NIS), AHRQ; Population Estimates, Census
OA-11	National Hospital Ambulatory Medical Care Survey (NHAMCS), CDC/NCHS