



SELECTED HEALTH AND SOCIAL INFORMATION ABOUT OLDER ADULTS (65+) IN SOUTHEASTERN PENNSYLVANIA

**Special Analysis of
PHMC's Community Health Data Base 2002 Southeastern
Pennsylvania Household Health Survey**

January 2003



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Methodology

- The data for this report are from PHMC's Community Health Data Base 2002 Southeastern Pennsylvania Household Health Survey. The survey is a representative, community-based telephone survey of over 10,000 households in the five county area of Southeastern Pennsylvania—Bucks, Chester, Delaware, Montgomery and Philadelphia counties (n=10,163).
- The survey was conducted between July and September 2002. Through the Community Health Data Base, periodic surveys of the population in this region have been conducted since 1983.
- The purpose of the survey is to obtain community-based information on population subgroups and geographic areas on issues related to health status, use of ambulatory and inpatient services, health promotion/disease prevention, access and barriers to the receipt of care, and health information needs, as well as demographic and socioeconomic characteristics of residents.
- The survey instrument is extensive and draws upon questions and topic areas utilized in other national and state surveys, such as the National Health Interview Survey (NHIS) and the Pennsylvania Behavioral Risk Factor Surveillance Survey (BRFSS).
- The percentages are based on survey responses; the population estimates are based on weighted data to derive population projections. The sample size for older adults 65+ in Philadelphia is n=803.
- In cases where persons could not come to the phone because of health reasons or language barriers, the interview was conducted with an adult proxy. The adult proxy is the person who is most knowledgeable about the adult respondent's health and utilization of health services.

Population, Gender, Age, Race and Hispanic Origin (See Figure 1)

- According to the 2000 Census, there are 535,959 persons age 65 and older living in the five county area of Southeastern Pennsylvania (SEPA) with the greatest number of elderly living in Philadelphia (213,722 persons).
- One out of seven persons in SEPA (13.9%) is 65 years of age and older.
- This percentage ranges from a high of 15.7% in Delaware County to a low of 11.7% in Chester County.
- A disproportionate number of older adults are female; almost six out of ten persons 65 and older are women (60.9%) and nearly four out of ten (39.1%) are male.
- About one-half (49%) of older adults in the five county region are 65-74 years of age. This shows very little variation across counties.
- About one in ten older adults (9.2%) are 85 years of age or older; there is some variation in this percentage across the five counties.
- More than eight in ten older adults (80.8%) are white, 16.6% are black, and 2.6% are of another racial group.
- The racial composition of the older adult population in Philadelphia is different from that of other counties. More specifically, one out of three Philadelphia elderly residents are black (35.5%) and 2.3% are Asian.
- Only slightly more than one percent (1.6%) of the older adult population in SEPA report that they are of Latino origin or descent. This reflects the relatively young age structure of the local Latino population.
- A higher percentage of older adults in Philadelphia are Latino (2.5%) compared to the other counties (which range from 0.9% Latino elderly in Montgomery County to 1.7% Latino elderly in Chester County).

Older Adults in Poverty (See Figure 2)

- More than one out of ten persons 65 and older (11.4%) have incomes at or below 100% of the federal poverty level.
- The percentage of older adults in poverty is higher for Philadelphia County (18.2%) in comparison to the other four counties, ranging from 8.9% in Delaware County to 5.1% in Montgomery County.

- A greater percentage of SEPA older adult females are poor (12.6%) compared to older adult males (9.7%).

Living Arrangement (See Figure 3)

- A significant percentage of elderly in SEPA have the potential to be socially isolated. Overall, nearly one-third of older adults in the five county area live alone (31.0% or 161,858 persons).
- Older adult residents in Philadelphia are somewhat more likely to live alone (35.5% or 72,549 persons) compared to older adults in the surrounding counties.

Older Adults who Live Alone (See Figure 4)

- Older adult females are more likely to live alone (35.0% or 111,408 women) than are males (24.7% or 50,450 men).
- Of all older adults in the five county region who live alone, two out of three (68.8%) are female and greater than one in ten (11.4%) are poor.
- Older adult females who are poor are much more likely to live alone (32.0%) than are males who are poor (16.8%).

Health Status of Older Adults (See Figures 5 and 6)

- More than one-third of elderly SEPA residents rate their health as only fair/poor (34.6%). This percentage is higher for Philadelphia elderly (43.6%) than it is for elderly residents in the surrounding four counties.
- Greater than one out of four adults 85 years of age and older in SEPA report fair/poor health (45.1%).
- Nearly half of elderly residents in SEPA (44.1%) report having a chronic health problem requiring treatment on an ongoing basis.
- Southeastern Pennsylvania older adults experience a mean average of 5.4 days of poor physical health per month, 2.7 days of poor mental health, and 3.1 days during which they are unable to perform normal activities due to health problems.
- Philadelphia older adults experience the greatest average number of unhealthy physical days (6.2), mental days (3.8), and restricted activity days (4.0). Chester

County older adults experience the least average number of these unhealthy days (4.0, 1.5, and 2.0, respectively).

Emotional and Mental Health (See Figure 7)

- Approximately 13% of older adults in SEPA (representing 59,318 older persons) have four or more symptoms of depression.
- Of older adults who report four or more symptoms of depression, more than seven in ten (71.6%) say they have not talked to a professional about their problems.
- Approximately nine percent of older adults report having a diagnosed mental health condition; of those individuals, 36.6% have not received treatment for their condition in the past year.
- Approximately 57,311 persons age 65+ in SEPA (11.9%) said that they were under a great deal of stress during the past year.

Functional Limitations (See Figures 8 & 9)

- Bathing, walking, grooming and dressing are considered examples of Activities of Daily Living (ADLs). Fourteen percent of older adults in SEPA have one or more ADL limitations; this represents approximately 72,341 persons.
- The percentage of elderly who have one or more ADL limitations ranges from a high of 18.9% in Philadelphia to a low of 7.6% in Montgomery County.
- Shopping for groceries, preparing meals, and doing housework are considered examples of Instrumental Activities of Daily Living (IADL). More than one-quarter of elderly in SEPA (28.5.1% or 149,327 persons) have one or more limitation in their IADL.
- More than one-third of older adults in Philadelphia County (36.1%) have one or more IADL limitations. This is higher than the surrounding counties.
- Approximately 44,000 older adults (8.4%) received formal home care services in the past year to help them with ADL and IADL limitations.
- One in three older adults receive informal care, which is help from friends and family, with ADL limitations (33.2%) and one in four older adults receive informal care from friends and family with IADL limitations (39.9%).

Preventive Health Screening Among Older Adults (See Figures 10 & 11)

- The overwhelming majority of older adults (65+) in SEPA are insured, most by Medicare A and another type of insurance. These data indicate that the majority of older adults are covered for both emergency and routine care. Only about one percent (1.1%) of older adults in Philadelphia solely have Medicare A to cover the cost of health services. However, costs such as prescription and co-pay fees may still act as a deterrent to those in need of care.
- Six out of ten (60.8%) older adults in SEPA are currently enrolled in a managed care plan (PPO or HMO). Two-thirds of poor older adults (68.3% or 35,662 persons) are enrolled in managed care.
- A large proportion of elderly females have not received recommended preventive health screenings.
- Four in ten older women in SEPA have not had a PAP smear (45.9%) and more than one in five have not had a breast examination by their physician (23.9%) in the past year. Sixteen percent have not had a mammogram in the past two years.
- Among older adult women who did not have these preventive screens, the top reasons are a belief that they are not needed and a lack of motivation.
- One in five older men in SEPA (21.2%) has not had a prostate screening in the past year. The top two reasons for not having this preventive screen are a belief they are not needed and that the screen has never been recommended by a doctor.
- Thirty two percent of older adults in SEPA have not received a blood stool screening for colorectal cancer in the past two years; 42.8% have not received a sigmoidoscopy/colonoscopy screening for colorectal cancer in the past two years. The top two reasons for not having these preventive colorectal screenings are a belief they are not needed and that the screening was never been recommended by a doctor.
- Nearly two-thirds (62.3%) of older adults do not have dental care coverage.
- Greater than one out of three older adults (37.3%) did not see a dentist in the past year. Of older adults who did not go to the dentist, one out of three (28.6%) did not see a dentist because they felt they did not need it and 42.3% said they wore dentures and did not require it. Eleven percent (11.3%) of elderly say that they did not go to a dentist in the past year because they could not afford the cost of care.
- More than one out of four older adults did not have their eyes examined in the past year (28.9%). Similar to other preventive screening tests, reasons given for not having an eye examination were related to the perception that it was not needed

(41.8%) or a lack of motivation (15.1%). Twelve percent (12.6%) did not get an eye examination due to the cost of care.

- Three out of ten men and women (23.8%) have not had a flu shot in the past year. The top three reasons for not receiving the flu shot were that residents felt it was not needed (35.0%), they were allergic to it (16.6%), or that they did not believe in it (11.8%).

Cost as a Barrier to Health Care (See Figures 12 & 13)

- A significant segment of older adults in this region 12.7% (or 66,184 persons) report that they did not fill a prescription medication in the past year because they could not afford to pay for the drug(s). This was more of a problem among the elderly in Philadelphia (18%) compared to the elderly in the other counties.
- Only ten percent (9.4%) of persons who could not fill a prescription because of cost used the PACE program.

Transportation Issues (See Figure 14)

- The overwhelming majority of older adults in the five-county area (94.3%) report that they have a regular source of health care.
- Seven percent (7.1%) of elderly persons (representing 37,076 persons) have had to cancel a doctor's appointment or not scheduled one due to transportation problems.
- The percentage of elderly who had to cancel a doctor's appointment due to a transportation problem was higher in Philadelphia (9.9%) compared to the counties.
- About one out of six older adults in the five county area (14.2%) used some type of transportation service in the past year (including SEPTA discounts); this represents 74,126 older persons who used transportation services.
- There is a wide variation across the counties in the percentage of older adults who have used any type of transportation service. One out of five older adults in Philadelphia (21.1%) have used transportation services in the past year. This percentage is higher than in the surrounding counties: Bucks (8.8%), Chester (10.4%), Delaware (9.8%) and Montgomery (9.9%).

Meals and Food (See Figure 15)

- The vast majority of elderly in Philadelphia have not utilized meal or food programs in the past year. Almost five percent of older adults in the five county region (4.4%) participated in meal or food programs in the past year. This pattern varied from a high of 6.6% in Philadelphia County to a low of 1.6% in Montgomery County.
- Among older adults living below 150% of poverty, only eight percent had participated in a meals program. Similarly, only 6 percent of older adults who live alone had utilized meal programs.

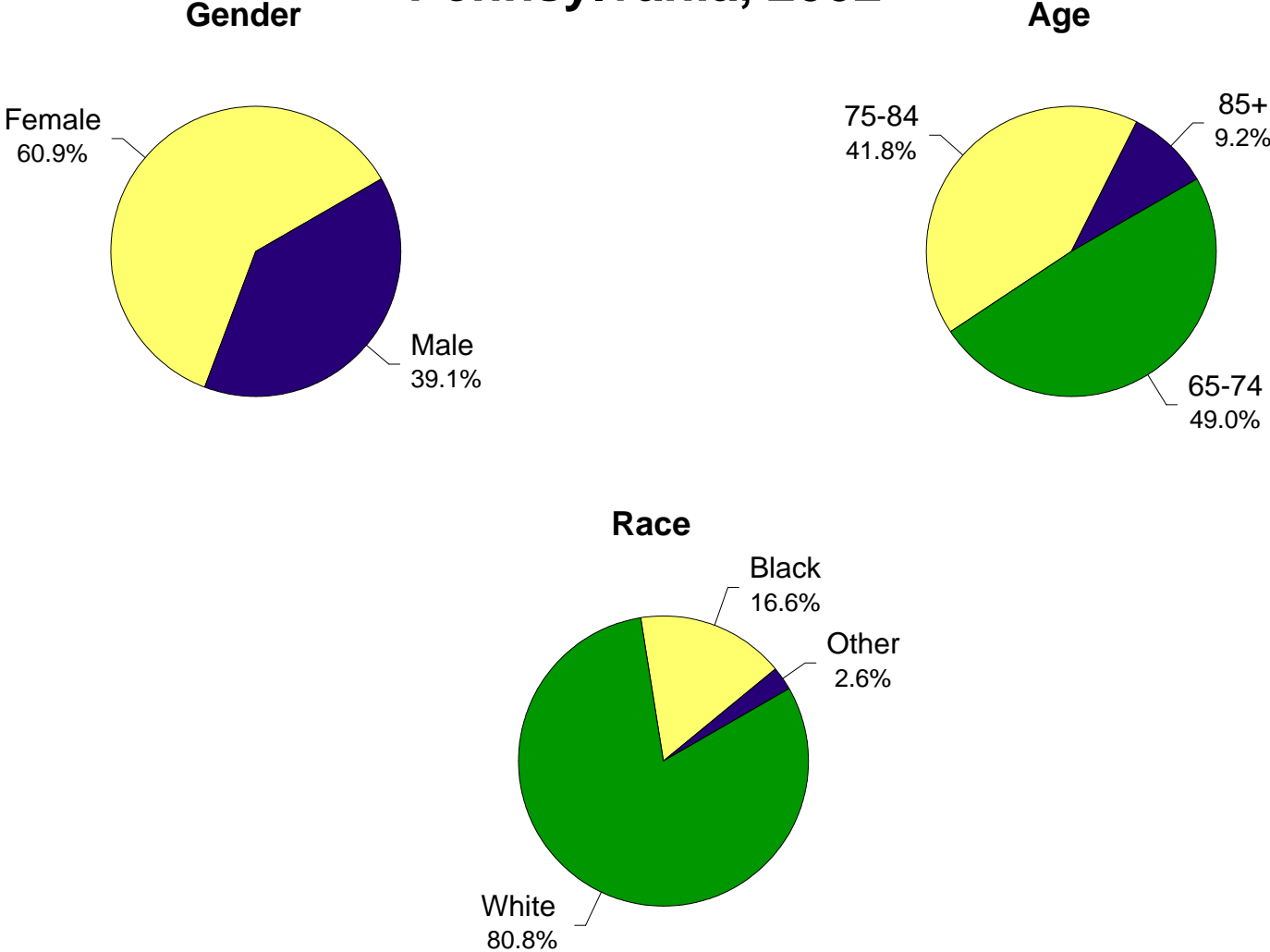
Involvement in Senior Center Activities/Programs (See Figure 16)

- More than one out of five elderly residents (20.6%) in the five county area have gone to a senior center or been involved in some other organized social program in the past year.
- There is little variation in social involvement across the 5 counties.

Home Repairs and Falls (See Figure 17)

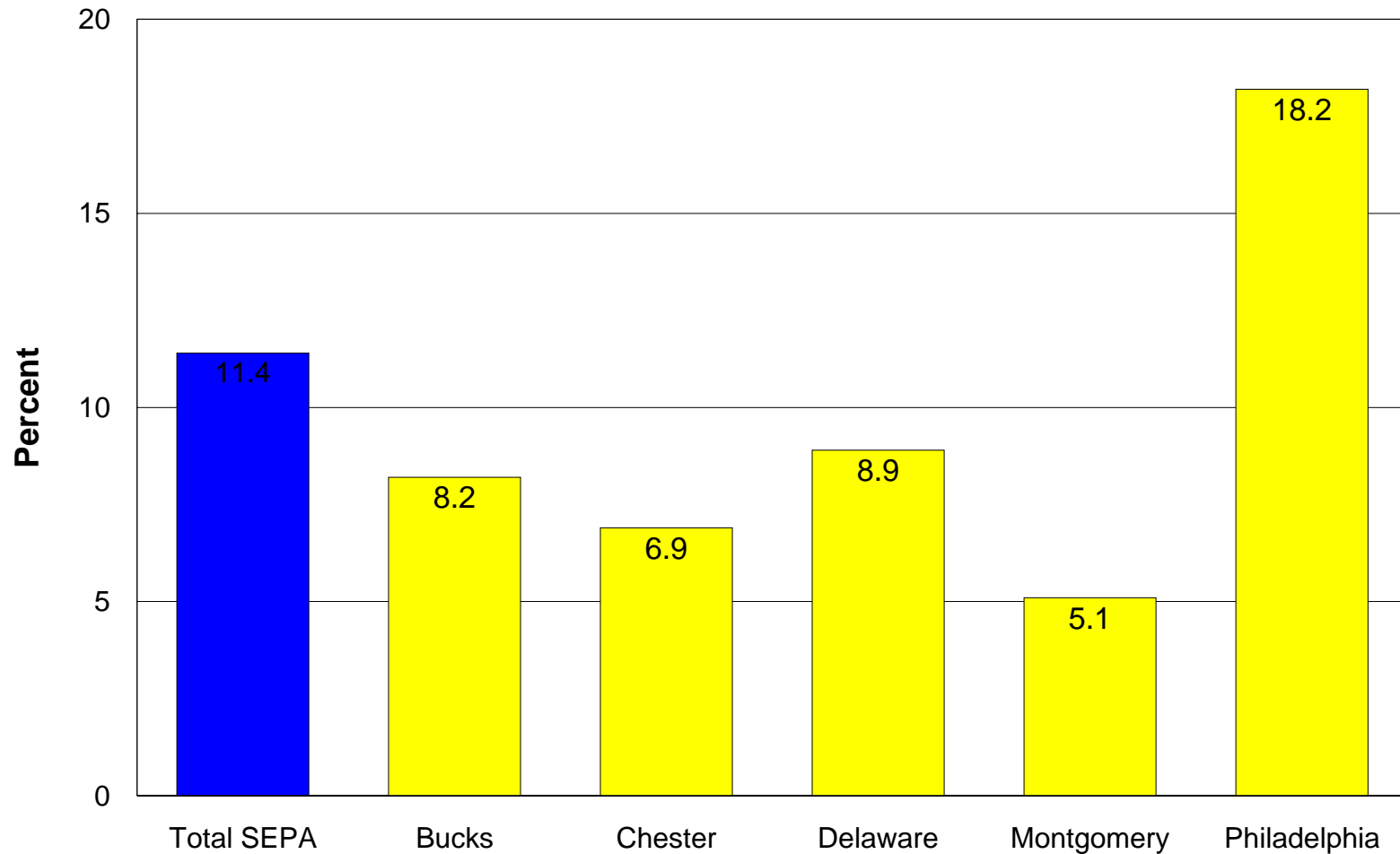
- More than one out of fifteen of elderly in SEPA (7.2% or 36,631 persons) report needing home roof repairs, 8.1% or 41,917 persons need plumbing repairs and 5.0% or 25,963 persons need repairs to their home heating and cooling systems.
- Seventeen percent of older adults in SEPA have fallen in their home in the past year (17.6% or 92,229 older adults). Older adults age 85 years or older were more likely to have fallen in their homes (23.9%) than were adults 65-74 (14.3%) and adults age 75-84 (20.2%).

Figure 1: Selected Demographic Characteristics of Older Adults (65+) Surveyed, Southeastern Pennsylvania, 2002



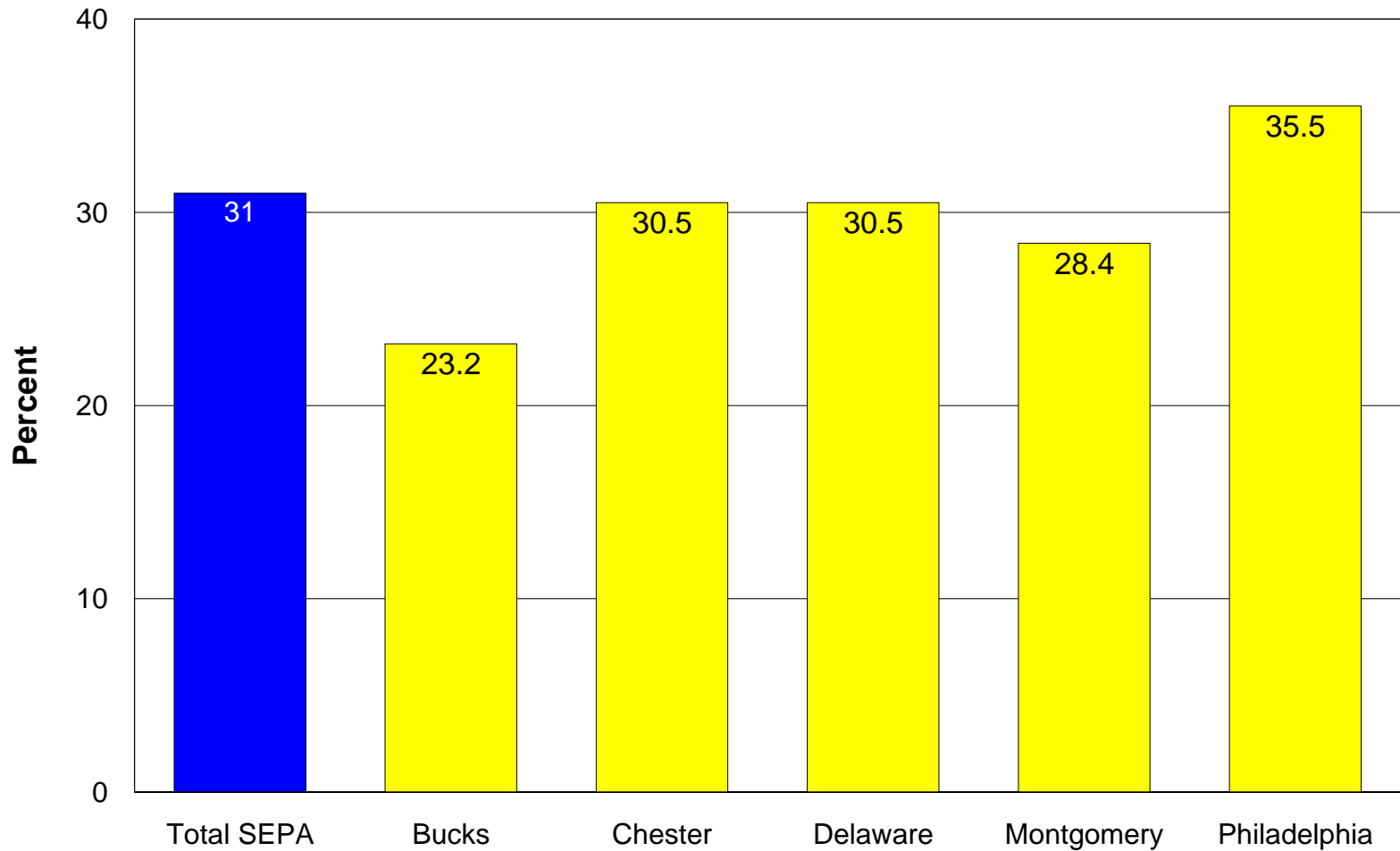
Source: PHMC's Community Health Data Base, 2002 Southeastern Pennsylvania Household Health Survey

Figure 2: Southeastern Pennsylvania Older Adults (65+) in Poverty by County, 2002



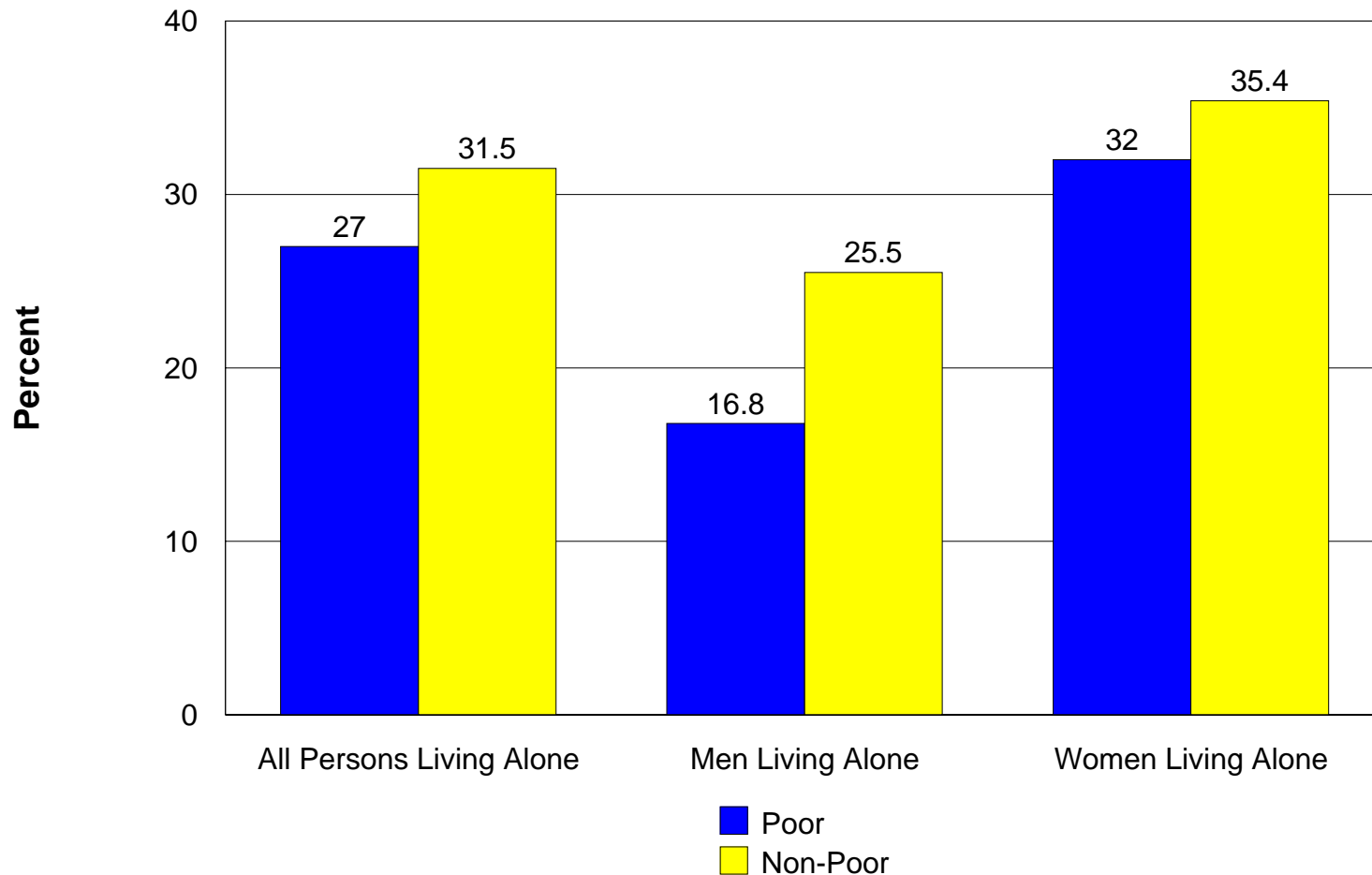
Notes: *Represents persons living at or below 100% of the federal poverty level.

Figure 3: Southeastern Pennsylvania Older Adults (65+) Who Live Alone by County, 2002



Source: PHMC's Community Health Data Base, 2002 Southeastern Pennsylvania Household Health Survey

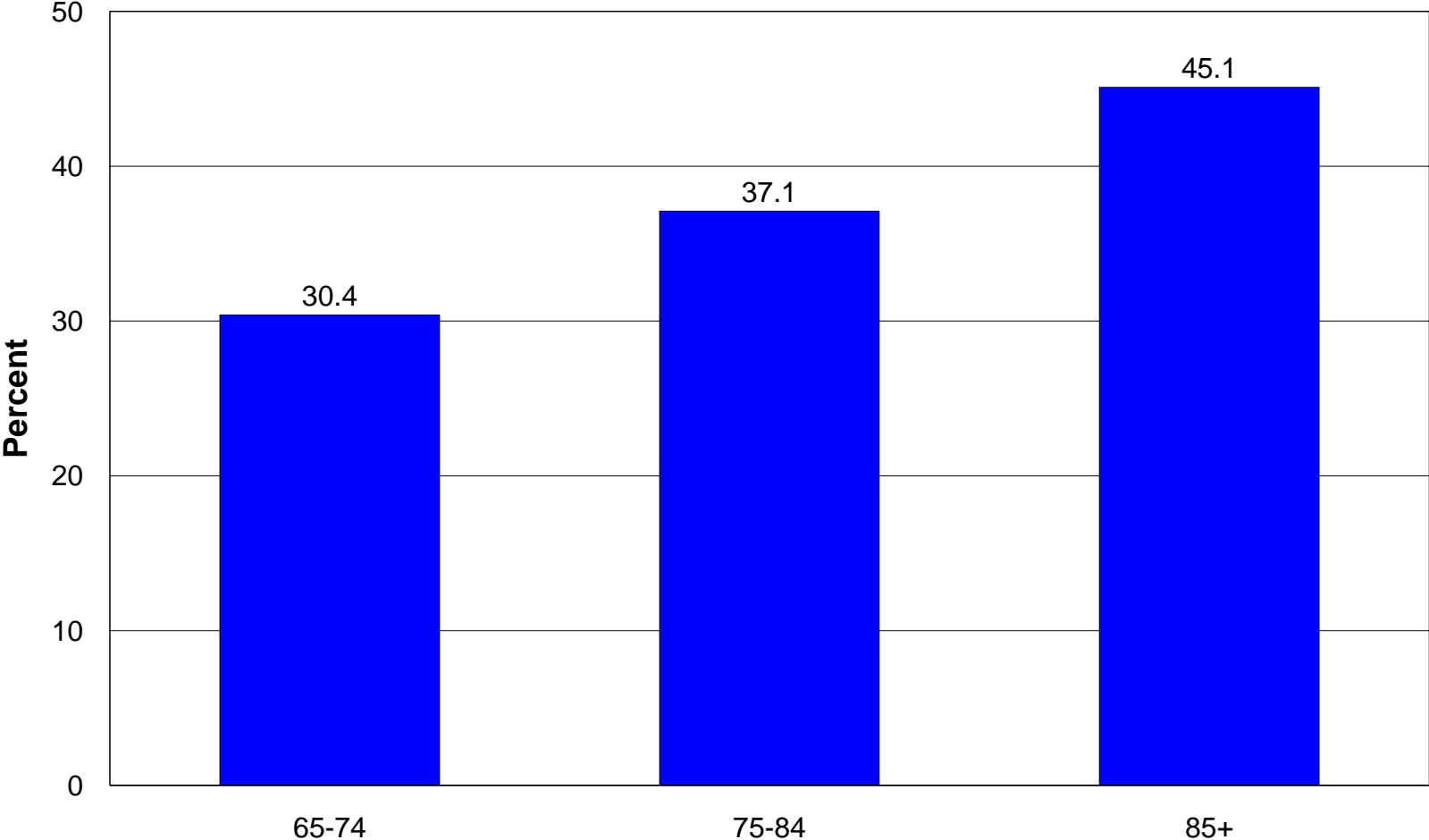
Figure 4: Characteristics of Older Adults (65+) Who Live Alone, Poverty * by Gender, Southeastern Pennsylvania, 2002



Notes: *Represents persons living at or below 100% of the federal poverty level.

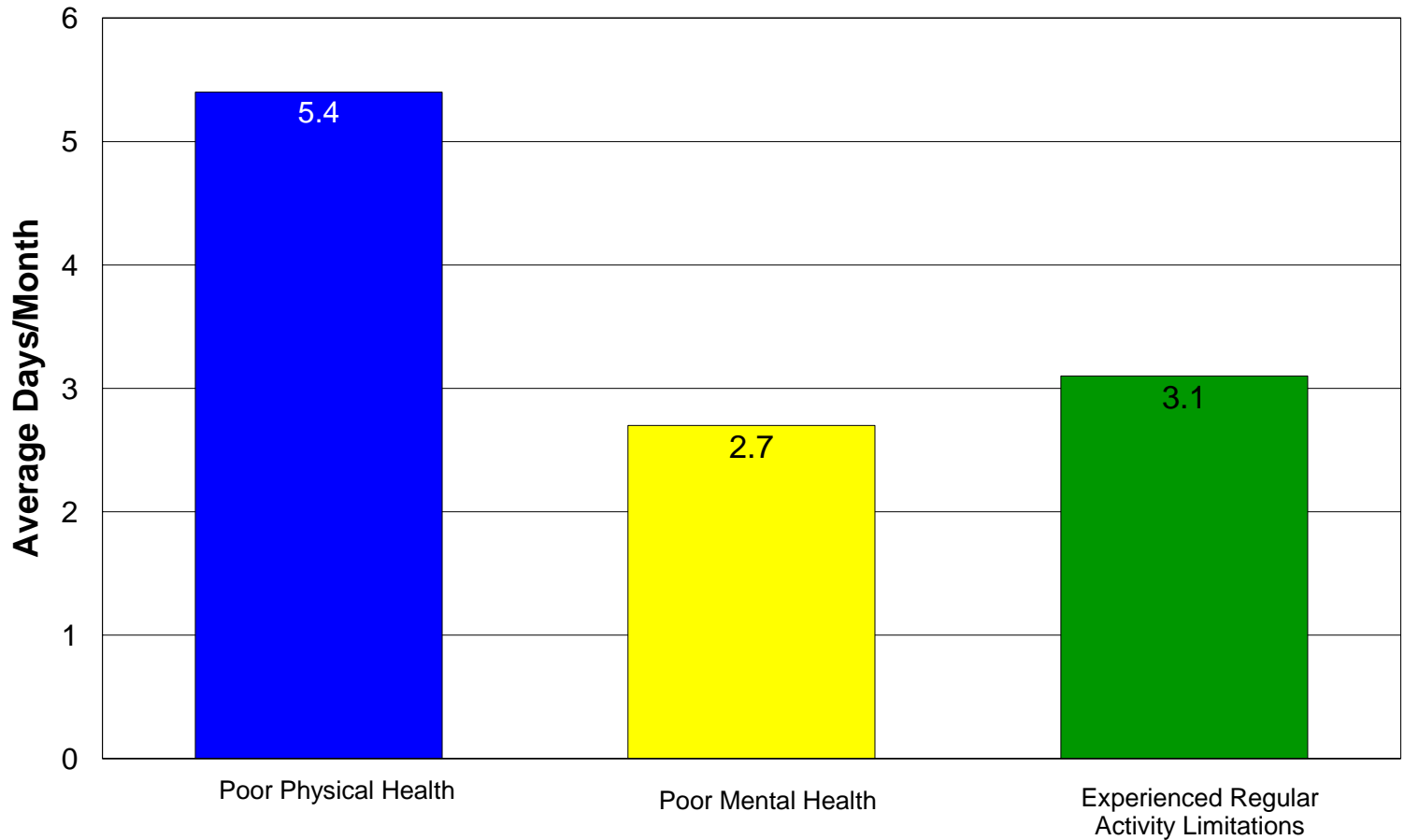
Source: PHMC's Community Health Data Base, 2002 Southeastern Pennsylvania Household Health Survey

Figure 5: Southeastern Pennsylvania Older Adults (65+) in Fair or Poor Health by Age, 2002



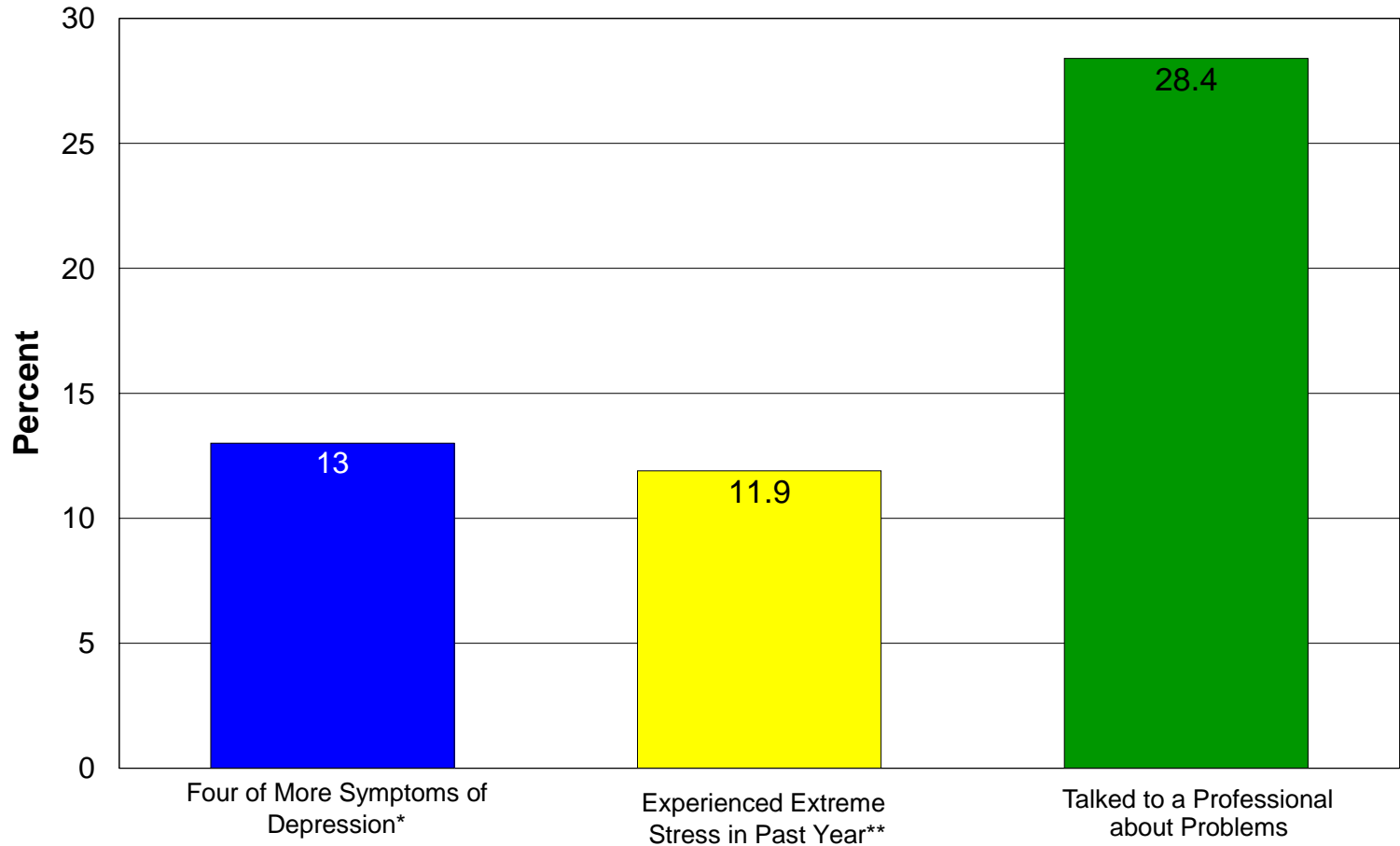
Source: PHMC's Community Health Data Base, 2002 Southeastern Pennsylvania Household Health Survey

Figure 6: Healthy Days Among Southeastern PA Older Adults (65+)*, 2002



Notes: *Respondents were asked about the number of days per month they experienced poor physical or mental health, and regular activity limitations due to health problems.

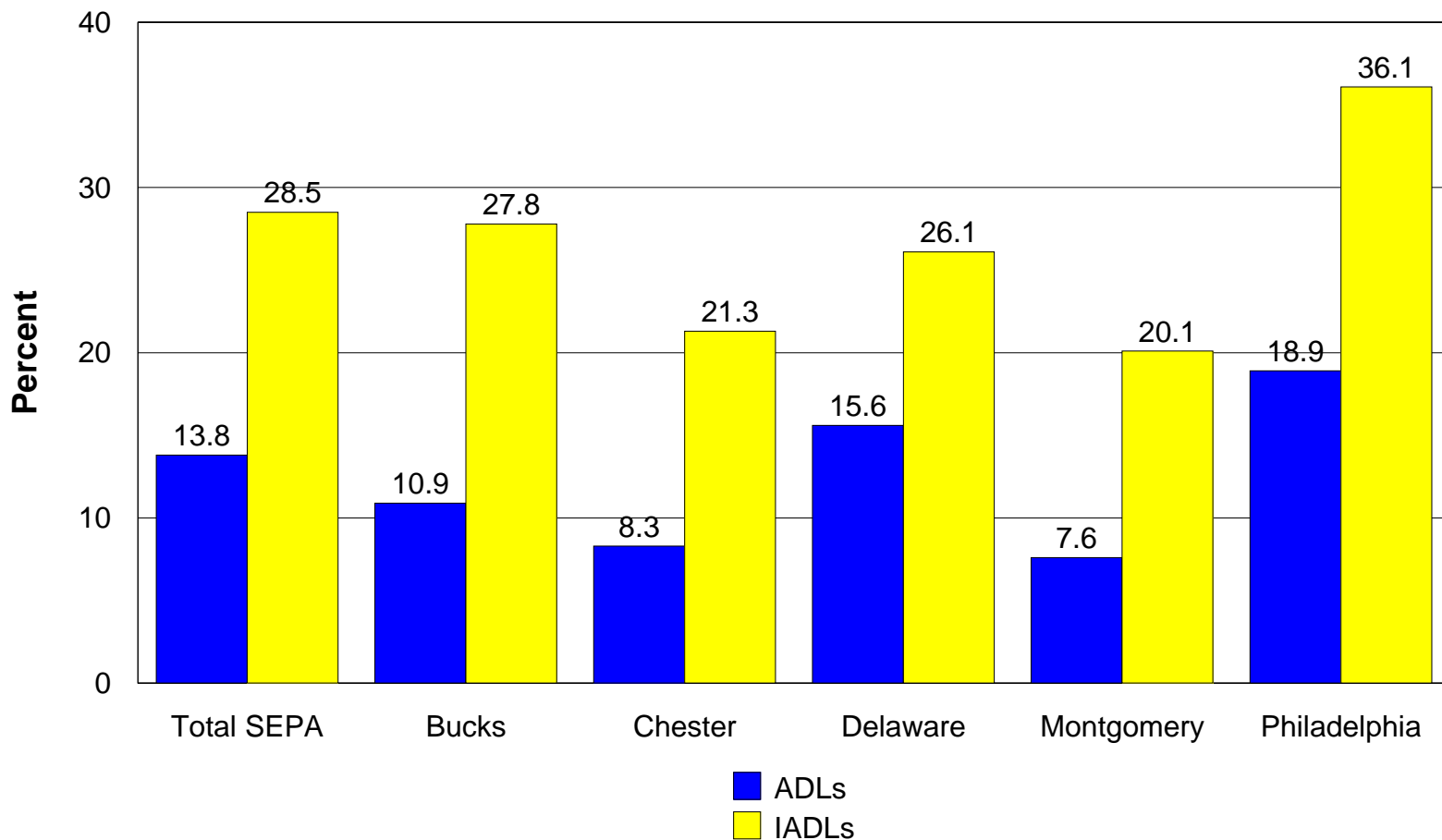
Figure 7: Selected Emotional/Mental Health Indicators Among Southeastern PA Older Adults (65+), 2002



Notes: *Using the DES 10 item scale for noninstitutionalized elderly, respondents were asked about feelings of sadness, loss of interest in leisure activities, changes in appetite, feeling of guilt, inability to concentrate loss of energy, restlessness or thoughts of suicide. A score of four or more indicates major depression.

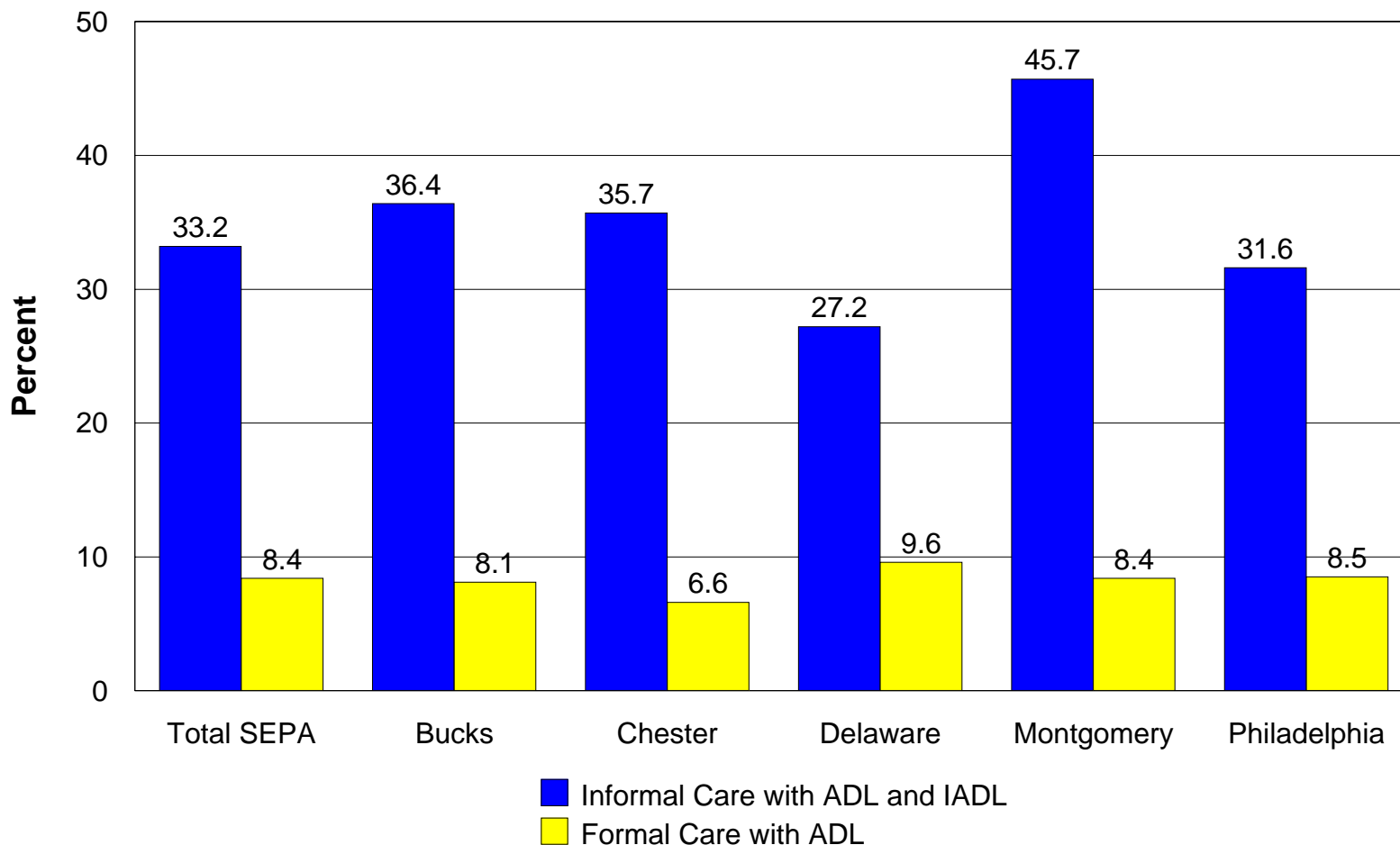
** Extreme stress is a self-reported score of 8, 9, or 10 on a scale of 1-10.

Figure 8: Southeastern Pennsylvania Older Adults (65+) with ADL and IADL Limitations* by County, 2002



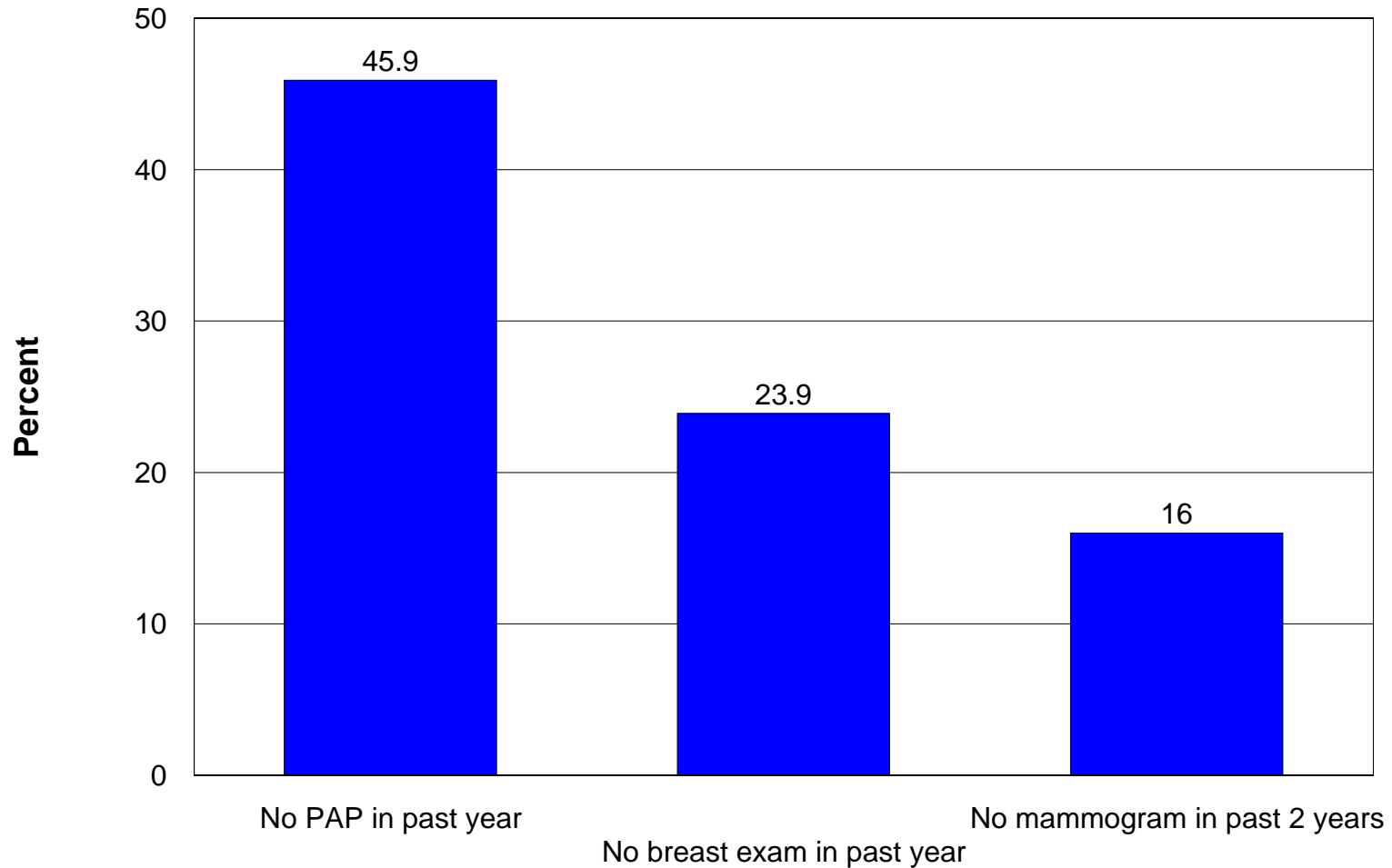
Notes: *Activities of Daily Living (ADL) limitations include needing help with eating, dressing, grooming, walking, getting in and out of bed, bathing, going to the bathroom.; Instrumental Activities of Daily Living (IADL) limitations include needing help with using the phone, getting places out of walking distance, shopping, preparing meals, cleaning the home, taking medicine, and handling money.

Figure 9: Older Adults (65+) Who Received Informal* and Formal Home Care Services by County, 2002



Notes: *Only includes assistance with informal care for ADL limitations: eating, dressing, grooming, walking, getting in and out of bed, bathing, going to the bathroom. Only asked of respondents who reported having an ADL limitation.

Figure 10: Southeastern PA Older Adult Women (65+) Who Did Not Have Selected Screenings Within Recommended Time*, 2002



Notes: *Healthy People 2010 recommends yearly PAP and breast exams for all women ages 18 years and older and a mammogram every two years for women ages 40 years and older.

Figure 11: Southeastern PA Older Adults (65+) Who Did Not Have Selected Screenings in the Past Year, 2002

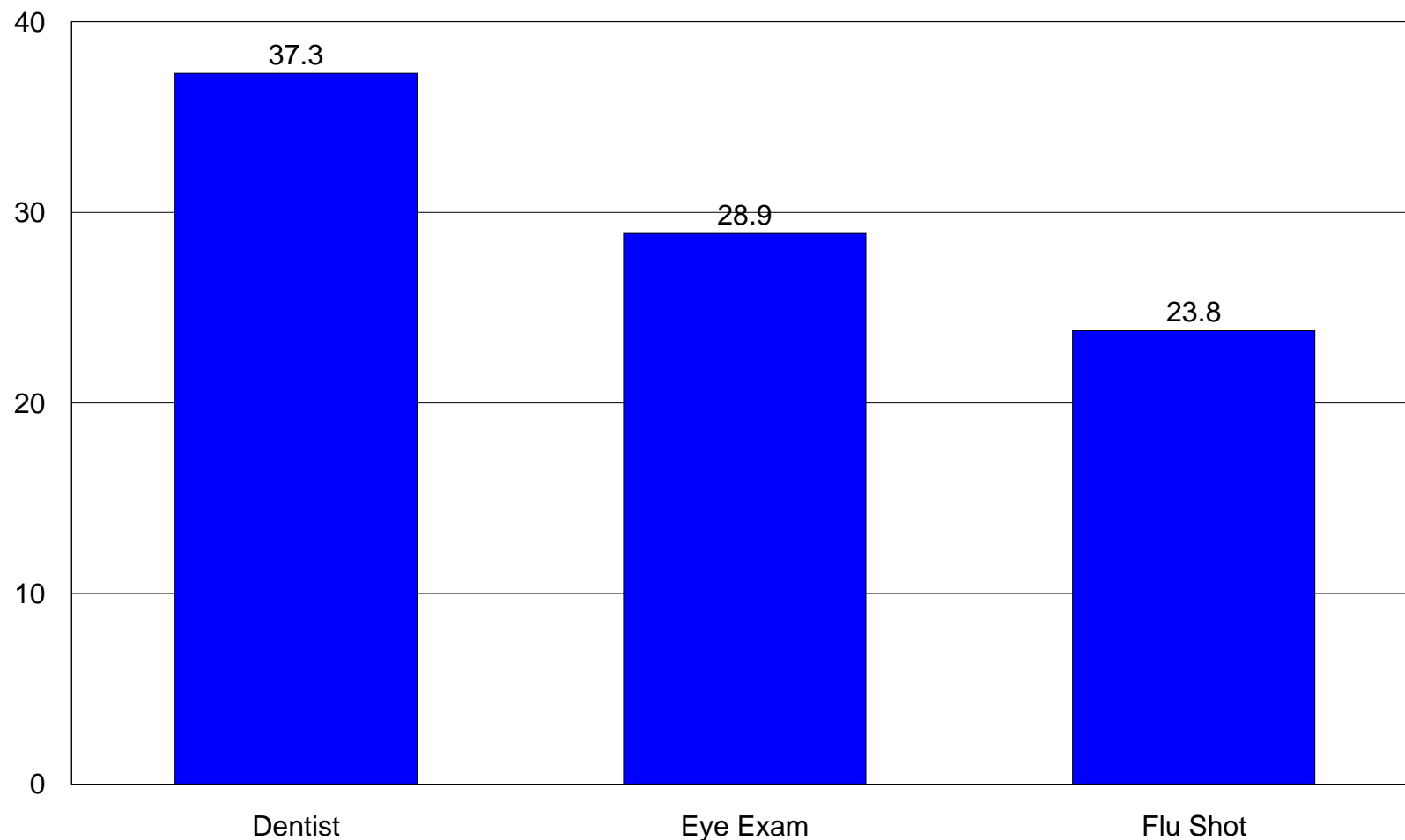
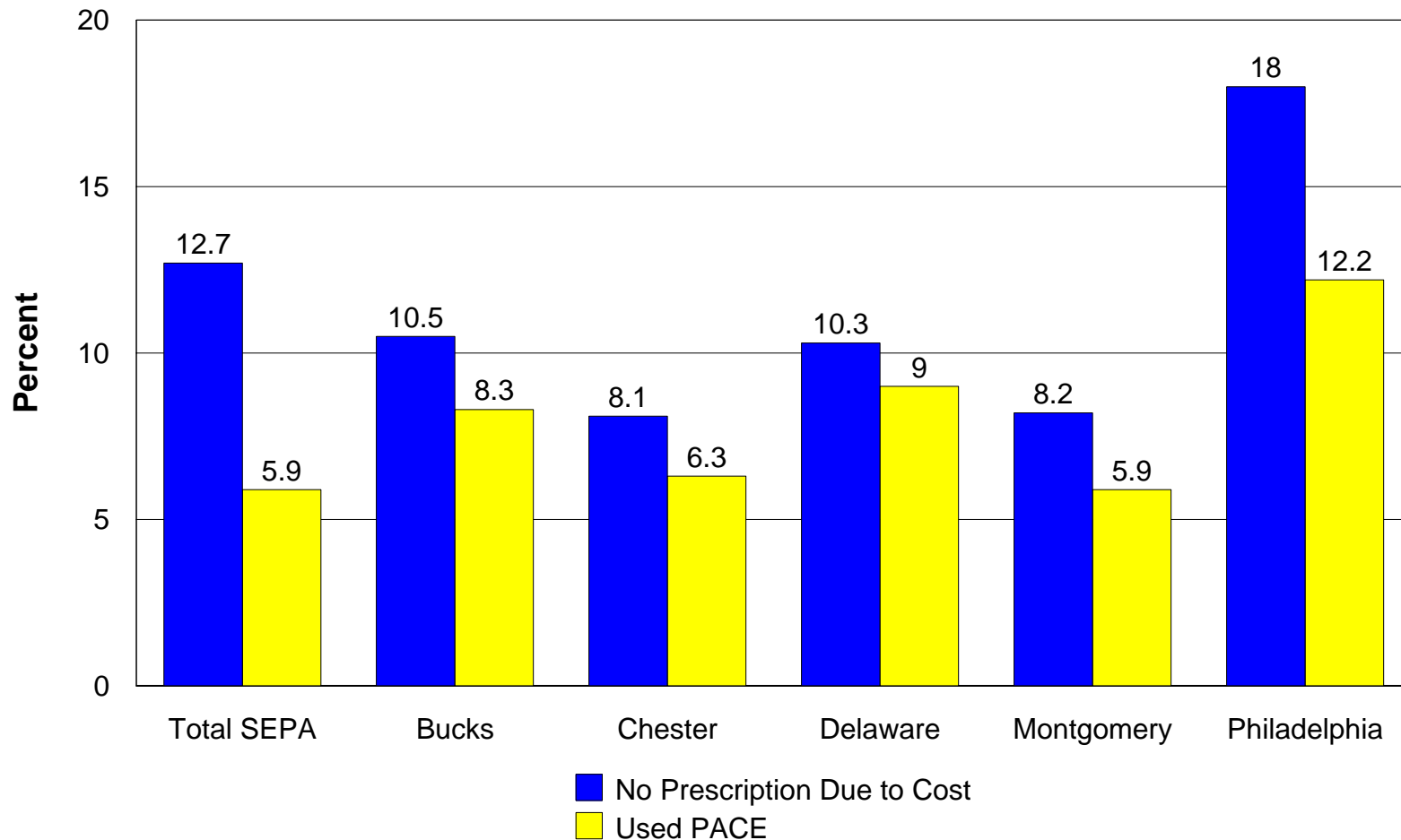


Figure 12: Older Adults (65+) Who Did Not Fill a Prescription Due to Cost and Who Have Used PACE*, by County, 2002

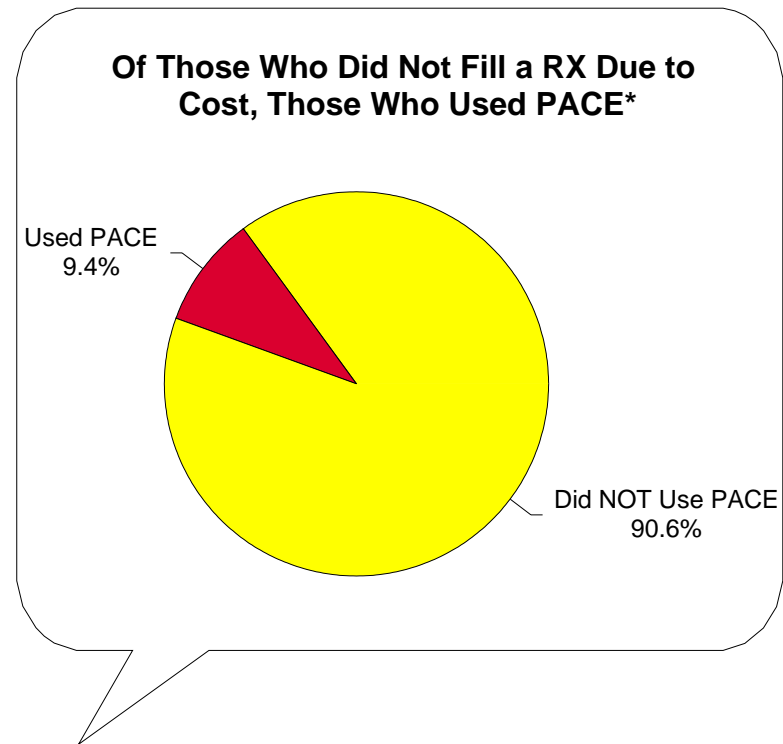
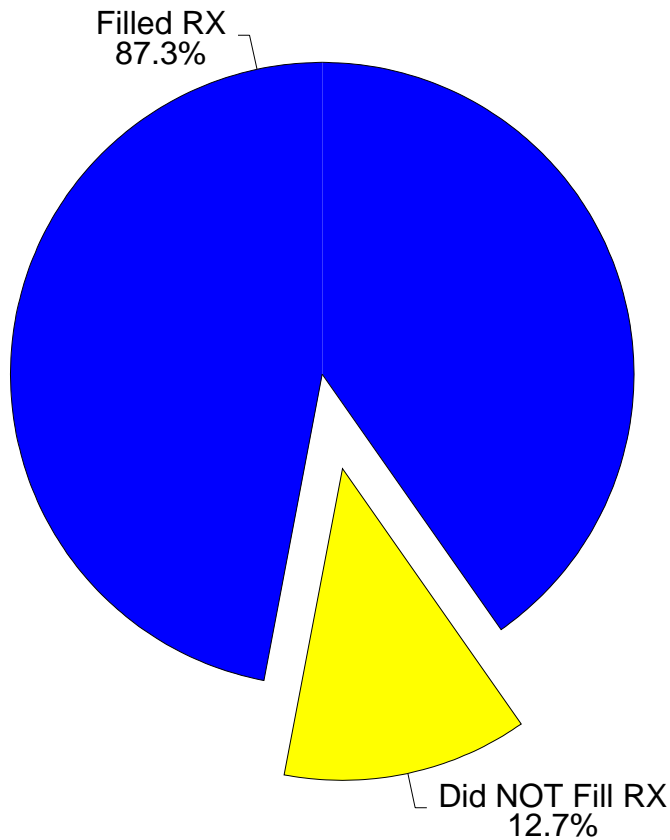


Notes: *PACE refers to the Pharmaceutical Assistance Contract for the Elderly

Source: PHMC's Community Health Data Base, 2002 Southeastern Pennsylvania Household Health Survey

Figure 13: Southeastern Pennsylvania, 2002

Older Adults Who Did Not Fill Prescription Due to Cost



Notes: *PACE refers to the Pharmaceutical Assistance Contract for the Elderly

Figure 14: Older Adults (65+) Who Cancelled a Doctor's Appointment Because of a Transportation Problem & Who Have Used Transportation Services by County, 2002

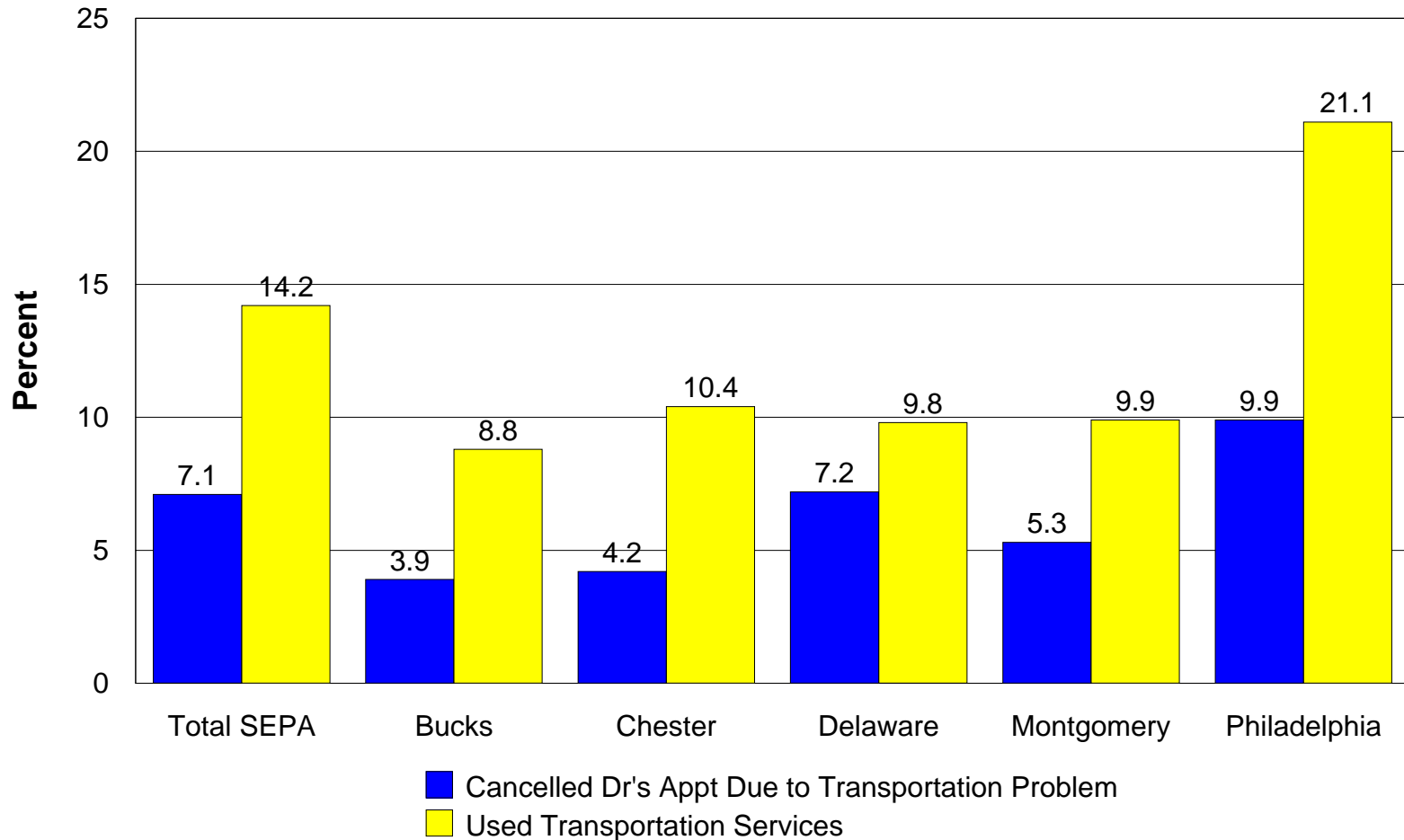
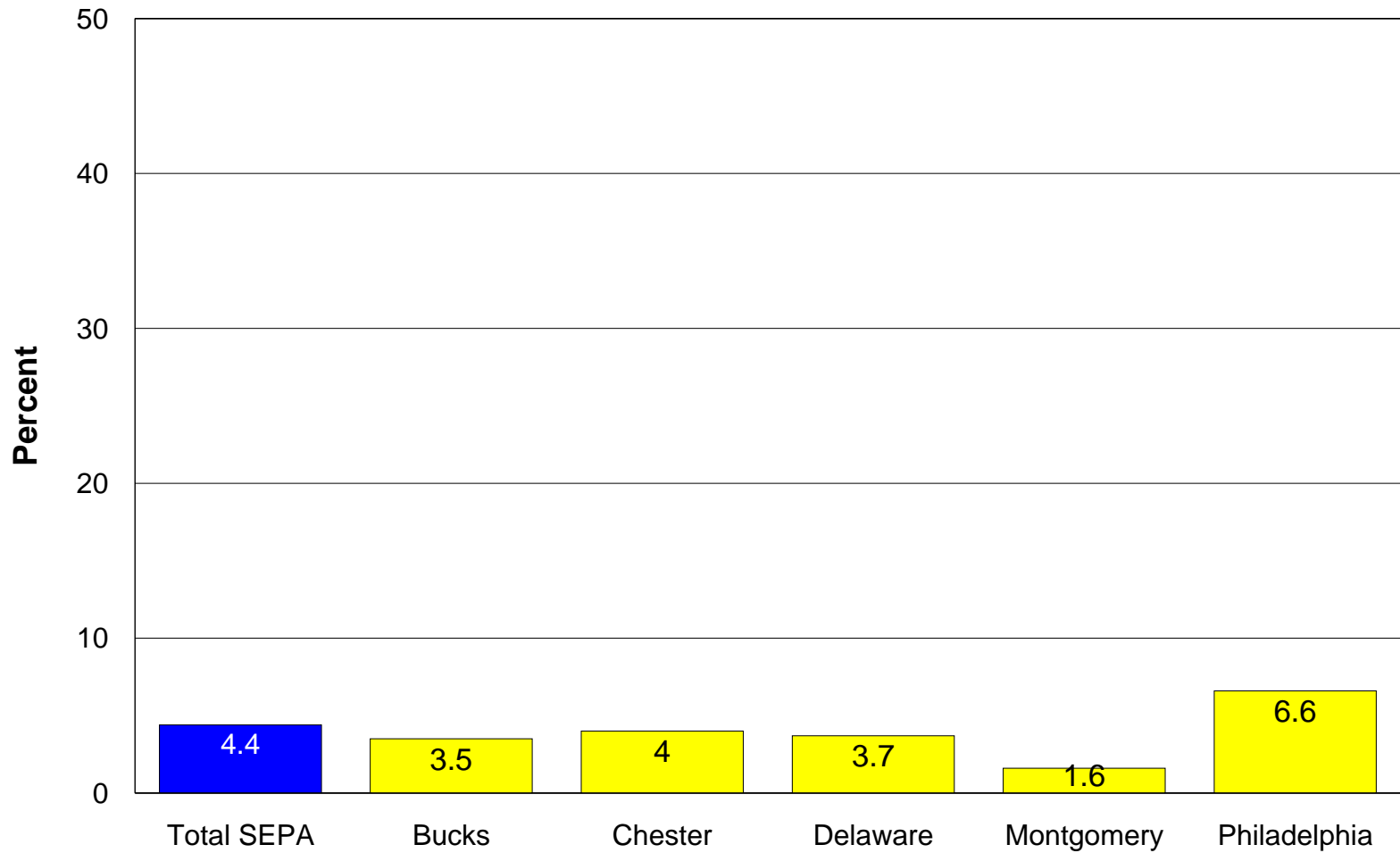
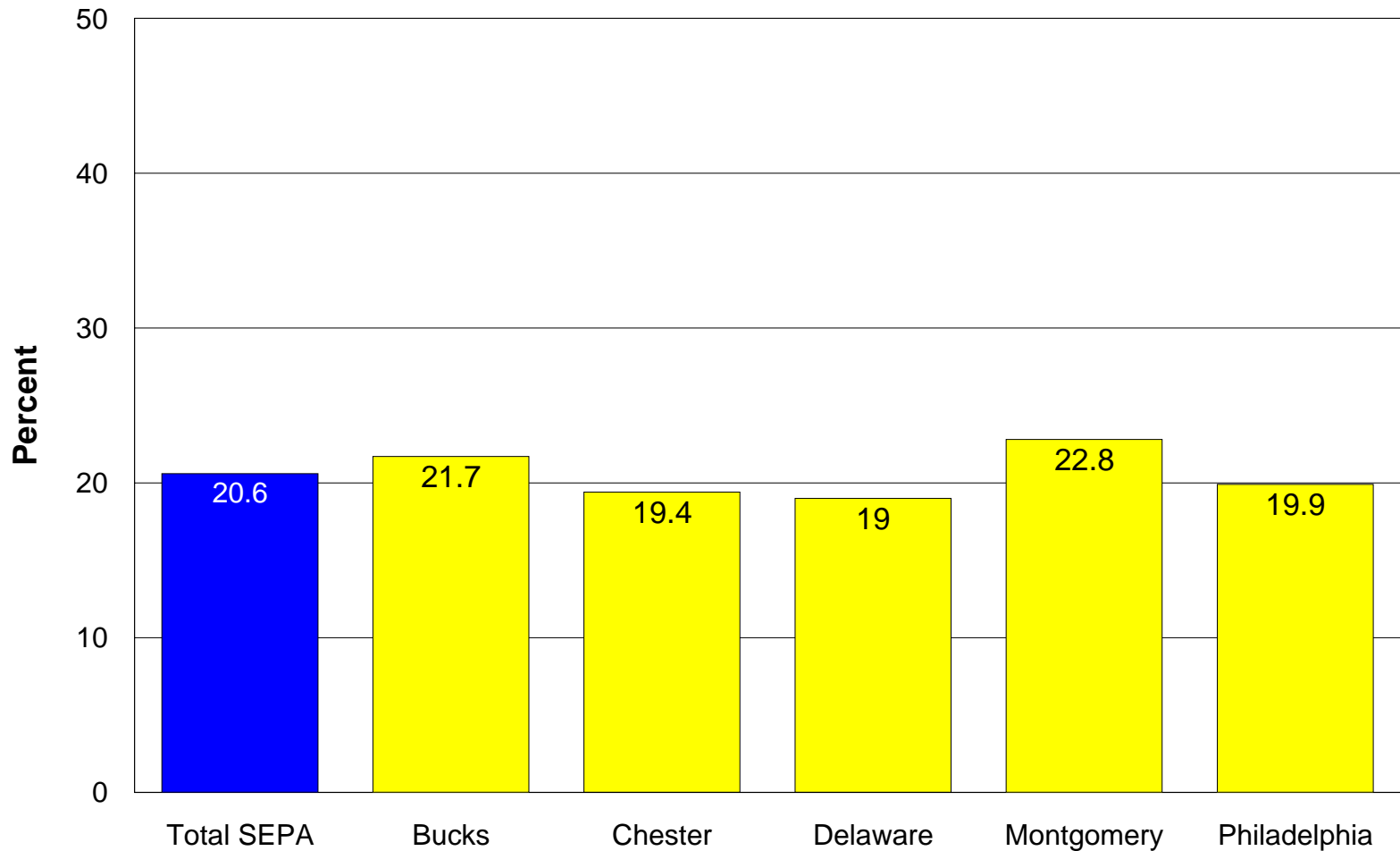


Figure 15: SEPA Older Adults (65+) Who Participated in Meals or Food Programs by County, 2002



Source: PHMC's Community Health Data Base, 2002 Southeastern Pennsylvania Household Health Survey

Figure 16: SEPA Older Adults (65+) Who Participated in Activities at Senior Centers by County, 2002



Source: PHMC's Community Health Data Base, 2002 Southeastern Pennsylvania Household Health Survey

Figure 17: Southeastern Pennsylvania Older Adults (65+) Needing Selected Home Repairs, 2002

