Elder Issues: Obstacles to Health Facing Our Elders

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Connecting resources and knowledge to strengthen the health of people in rural communities.

National Resource Center on Native American Aging

- Established in 1994, at the Center for Rural Health, University of North Dakota School of Medicine and Health Sciences
- Focuses on:
  - Education, Training, and Research
  - Community Development & Technical Assistance
  - Native Elder Health, Workforce, & Policy
- Web site: http://medicine.nodak.edu/crh/nrcnaa
Native Elder Population Projections 1990-2020

Regional Variances

- One size does not fit all
- Variation in regard to life expectancy and chronic disease
  - Ex. California Area life expectancy is close to the nations; however, Aberdeen Area is 64.3, a difference of 12.5 years.
  - Ex. Alaska Area has diabetes rate close to the general population at 16%; whereas, the majority of other regions average 37% or higher.
- Once you seen one tribe you’ve only seen one tribe
## Life Expectancy at Birth, ages 55, 65 and 75 by IHS Area

<table>
<thead>
<tr>
<th>IHS Area</th>
<th>At Birth</th>
<th>At Age 55</th>
<th>At Age 65</th>
<th>At Age 75</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aberdeen</td>
<td>64.3</td>
<td>18.9</td>
<td>13.2</td>
<td>8.5</td>
</tr>
<tr>
<td>Bemidji</td>
<td>65.7</td>
<td>18.7</td>
<td>12.7</td>
<td>10.1</td>
</tr>
<tr>
<td>Billings</td>
<td>67.0</td>
<td>20.2</td>
<td>13.9</td>
<td>8.9</td>
</tr>
<tr>
<td>Alaska</td>
<td>68.0</td>
<td>21.3</td>
<td>14.7</td>
<td>9.2</td>
</tr>
<tr>
<td>Tucson</td>
<td>68.4</td>
<td>22.2</td>
<td>15.8</td>
<td>10.0</td>
</tr>
<tr>
<td>Phoenix</td>
<td>69.8</td>
<td>22.6</td>
<td>16.1</td>
<td>10.6</td>
</tr>
<tr>
<td>Portland</td>
<td>71.7</td>
<td>23.1</td>
<td>16.0</td>
<td>10.1</td>
</tr>
<tr>
<td>Navajo</td>
<td>71.9</td>
<td>24.9</td>
<td>17.7</td>
<td>11.7</td>
</tr>
<tr>
<td>Nashville</td>
<td>72.2</td>
<td>22.8</td>
<td>16.3</td>
<td>10.5</td>
</tr>
<tr>
<td>Albuquerque</td>
<td>72.7</td>
<td>25.4</td>
<td>19.6</td>
<td>12.2</td>
</tr>
<tr>
<td>Oklahoma</td>
<td>74.2</td>
<td>25.7</td>
<td>18.2</td>
<td>13.1</td>
</tr>
<tr>
<td>California</td>
<td>76.3</td>
<td>26.9</td>
<td>19.4</td>
<td>13.3</td>
</tr>
<tr>
<td>All Indians</td>
<td>71.1</td>
<td>23.5</td>
<td>16.7</td>
<td>11.2</td>
</tr>
<tr>
<td><strong>U.S. All Races</strong></td>
<td>76.8</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Source: I.H.S. Division of Statistics (1998); **National Center for Health Statistics (2000)

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## Diabetes Rates by Region

![Diabetes Rates by Region](image)

Source: NRCNAA Needs Assessment Data, UND Center for Rural Health.

* No data are available.
Population

- Native American elders residing primarily on reservations
- Individuals age 55 and over living on or around Indian areas.
- Age 55 is considered comparable to 65 and over in the general population

Identifying Our Needs: A Survey of Elders
Highlights Between Cycle I & II

Connecting resources and knowledge to strengthen the health of people in rural communities.
Data Used for This Analysis

• Two Cycles of Matched Survey Data
• 38 IHS Service Areas have collected data in both cycles. These survey results are employed as replication studies.
• 4,148 Respondents in Cycle I
• 4,008 Respondents in Cycle II

Cycle I Chronic Diseases Native Elders (N=9,296)

Native Elders (55+) U.S. (55+)
• High Blood Pressure 50% 43%
• Arthritis 47% 40%
• Diabetes 37% 14%
• Cataracts 20% 28%
• CHF 12% 8%
• Stroke 9% 8%
• Asthma 10% 7%
• Prostrate Cancer 3% 2%
• Breast Cancer 2% 3%
• Colon/Rectal Cancer 2% 3%
• Lung/Bronchus Cancer 1% 1%
Chronic Disease: Change from Cycle I to Cycle II

- Hypertension****(Higher)
- Arthritis****(Higher)
- Asthma****(Higher)
- Cataract****(Higher)
- Prostate Cancer****(Down!) BUT When age was controlled there was no difference

****All represent statistically significant changes.

The Times – They are A Changing: Demographic Shifts

- Baby Boomers are changing the age distribution for elders
- Length of last residence is shorter
- Educational levels are improving
- More people age within marriages
- Incomes are gradually improving
Component Changes in Functional Limitations: IADLs AND ADLs

• Instrumental Activities of Daily Living (IADLs) declined significantly for all age groups – an across the board gain
• Activities of Daily Living (ADLs) declined significantly only for the 65-74 cohort

Health Risk Behaviors: Are they changing?
Smoking

- No significant change in the proportion of elders who smoke
- The volume (number of cigarettes smoked) dropped significantly overall, but the decline was not present when age was controlled. The overall drop was a function of the mix by age – not behavior.

Chewing Tobacco

- Smokeless tobacco use was up significantly
- The increase was due to more use among the young elders – the older elders use did not change
Drinking Behavior

- A slight increase in the proportion who had consumed alcohol in the past 30 days.
- This appears due to increased use among the younger elders.
- Aging appears to diminish drinking behavior with higher proportions indicating no alcohol in the past three years (abstinence).

Binge Drinking

- Overall no significant change was reported in binge drinking.
- Aging did produce a significant decline in binge drinking. 19.1% of those 55 to 64 reported binge drinking in past 30 days compared with only 6% of those 85 and over.
Exercise Change and Age

- Weight Lifting – Down for 55–64 age group
- Powwow – Down for 55-64 & 65-74 age groups
- Biking - Down for 55-64 & 65-74 age groups
- Jogging - Down for 55-64 & 65-74 age groups
- Walking – **Up dramatically for all ages!!**
- Gardening – Down for 55-64 & 65-74 age groups

Conclusions

- Native elder populations are **now** dramatically growing.
- Tribal recognition of age 55 for elder status includes those elders from the boom generation.
- Education and incomes are improving over time with new cohorts bringing new advantages.
- With the demographic shift, more elders live with a spouse – fewer are widowed.
Conclusions cont.

• Chronic diseases prevalence is mixed with several increasing and others steady. Declining rates were not found.
• Increases may well relate to risk factors.
  – Exercise – Walking increased dramatically, but nearly all other exercises decreased.
  – Weight issues increased – young old are heaviest.
  – Smoking and drinking were unchanged.

Recommendations

• Recognize the demographic shift in the interpretation of results – may produce statistical artifacts that exaggerate the health and functionality of the elders.
• Lifestyle modification continues to merit attention. Positive results for walking provide a major source of encouragement.
• Chronic disease self management will be essential to avoiding future functional limitations as this population grows older.
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