Aging Baby Boomers: Implications for Healthcare Now and in the Future

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Valentine M. Villa, Ph.D.
Professor/Director, CSULA, SSW/Applied Gerontology Institute
Adjunct Professor, UCLA School of Public Health
Senior Research Scientist, UCLA Center for Health Policy Research

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Purpose

This presentation will examine health disparities and barriers to health experienced by the Baby Boom population, and address implications for health providers.
The presentation will:

- Review the demographic data on the baby boom population.
- Examine health disparities found among the baby boom population.
- Examine health disparities and barriers to health among Latino baby boomers in California.
- Discuss the implications for health providers.
The Importance of Examining Health Disparities and Health Barriers

- The increased diversity of the elderly and pre-elderly population coupled with improvements in access to care under the Affordable Care Act will mean providers at all levels of health care will see an increasingly diverse patient population with diverse health needs.

- Identifying the health disparities and barriers to health experienced by the population now, will enable providers to plan services/protocols/interventions that mesh with the health needs of an aging diverse population.
Number of people age 65 and over, by age group, selected years 1900–2006 and projected 2010–2050

Millions

100
90
80
70
60
50
40
30
20
10
0


Projected

65 and over

85 and over

Note: Data for 2010–2050 are projections of the population.
Reference population: These data refer to the resident population.
Population age 65 and over, by race and Hispanic origin, 2006 and projected 2050

Note: The term “non-Hispanic white alone” is used to refer to people who reported being white and no other race and who are not Hispanic. The term “black alone” is used to refer to people who reported being black or African American and no other race, and the term “Asian alone” is used to refer to people who reported only Asian as their race. The use of single-race populations in this report does not imply that this is the preferred method of presenting or analyzing data. The U.S. Census Bureau uses a variety of approaches. The race group “All other races alone or in combination” includes American Indian and Alaska Native, alone; Native Hawaiian and Other Pacific Islander, alone; and all people who reported two or more races.

Reference population: These data refer to the resident population.
Increasing Diversity will Mean an Increase in the Population at Risk For Health Disparities

The current and expected increase in minority populations among the ranks of the elderly translates into a growing number of individuals who are at risk for serious health disadvantages.
Health Status of the Population Age 65+, by Race/Ethnicity, United States, 2006

<table>
<thead>
<tr>
<th>Condition</th>
<th>Non-Latino White</th>
<th>African American</th>
<th>Latino</th>
</tr>
</thead>
<tbody>
<tr>
<td>Heart</td>
<td>26%</td>
<td>32%</td>
<td>23%</td>
</tr>
<tr>
<td>Hypertension</td>
<td>51%</td>
<td>70%</td>
<td>54%</td>
</tr>
<tr>
<td>Stroke</td>
<td>9%</td>
<td>15%</td>
<td>6%</td>
</tr>
<tr>
<td>Cancer</td>
<td>23%</td>
<td>11%</td>
<td>12%</td>
</tr>
<tr>
<td>Diabetes</td>
<td>16%</td>
<td>25%</td>
<td>28%</td>
</tr>
<tr>
<td>Arthritis</td>
<td>50%</td>
<td>55%</td>
<td>39%</td>
</tr>
<tr>
<td>ADL Difficulty</td>
<td>29%</td>
<td>34%</td>
<td>33%</td>
</tr>
<tr>
<td>Poor Health</td>
<td>23%</td>
<td>39%</td>
<td>37%</td>
</tr>
</tbody>
</table>
Health Status of the Latino Population Age 65+

- Latinos have a longer life expectancy than non-Latino Whites and other minority populations and better mortality for some disease conditions (Lee and Villa, 2001; Markides et al, 1997; Palloni and Morenoff, 2001).

- While Latinos are living longer, they have relatively high prevalence rates for chronic conditions, disability, and are more likely to rate their health as poor (Hayward et al, 2005; Markides and Escbach 2005; Hummer et al., 2004; Markides, et al. 1997; Espino, et al. 1991).

- Latinos are 2-5 times more likely to have diabetes than the general population (Vega and Amaro 1994). The mortality rate for diabetes among middle-aged and older Latinos is 50 percent higher than that of non-Hispanic Whites (Anderson and Smith 2005).
Health Service Use of the Latino Population Age 65+

- Latinos utilize health services at a lower rate than their health profile would suggest, often accessing services when a disease is in its advanced stage (Angel, 2006).

- Barriers to use among Latinos include lack of insurance and a usual source or care; low health literacy, lack of knowledge of services, lack of English proficiency, and fear or distrust of the health care system (Garcia et al 2013).
The Impact of Chronic Disease is Greater for Minority Populations

- African Americans with high blood pressure are more likely to have greater cardiovascular and renal damage than non-Latino whites (Clark & Gibson, 1997).

- Latinos with diabetes are more likely than non-Latino whites to be hospitalized for uncontrolled diabetes, and to have both short- and long-term diabetes related complications that often impact functioning and lead to disability, including lower extremity amputations, vascular disease, blindness, and stroke (AHRQ, 2008).
Will Racial /Ethnic Disparities in Health Persist among the Next Generation of Older Adults in the U.S.?

- Most (62%) of the population aged 50 to 64 years old has at least one chronic condition such as diabetes, hypertension, arthritis, heart disease, or cancer (Collins, Davis, Schoen, Doty, & Kriss, 2006).

- By 2030, six of every 10 baby boomers will be living with more than one chronic condition. Obesity rates among baby boomers will increase, with one third of the population predicted as obese by 2030 (American Hospital Association, 2007).

- Obesity among the baby boom population is particularly troubling because the population has become obese at earlier ages than their predecessors; and because of the link between obesity and several chronic conditions, including diabetes (Wallace and Villa, 2001), and arthritis (Leville et al. 2005).
## Health Status Among Female Baby Boomers by Race/Ethnicity (CHIS, 2007)

<table>
<thead>
<tr>
<th></th>
<th>Non-Latino White</th>
<th>Latino</th>
<th>African American</th>
<th>Asian</th>
<th>Native American</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diabetes</td>
<td>6%</td>
<td>14%</td>
<td>15%</td>
<td>5%</td>
<td>19%</td>
</tr>
<tr>
<td>High Blood Pressure</td>
<td>27%</td>
<td>31%</td>
<td>53%</td>
<td>26%</td>
<td>40%</td>
</tr>
<tr>
<td>Overweight/Obese</td>
<td>52%</td>
<td>71%</td>
<td>75%</td>
<td>32%</td>
<td>72%</td>
</tr>
<tr>
<td>Condition Limits Activity</td>
<td>21%</td>
<td>25%</td>
<td>31%</td>
<td>13%</td>
<td>40%</td>
</tr>
<tr>
<td>Fair/Poor Health</td>
<td>14%</td>
<td>33%</td>
<td>25%</td>
<td>23%</td>
<td>32%</td>
</tr>
</tbody>
</table>
Health Disparities Among Latino Baby Boomers  Age 50-64

• The rates for diabetes and diabetes related complications have doubled among the Latino population over the last decade and this trend is expected to continue (Beard, 2009).

• The prevalence of hypertension among Latinos has also increased and is expected to continue (Ghatrif, 2011).

• It has been postulated that among Latinos, physiological aging tends to precedes chronological aging, with Latinos in their 40s having the same health profile as non-Latino Whites in their 60s (Hooyman and Kiyak, 2000).
Population Aging in California

The Growth of the Population age 65+ in California mirrors that which is occurring nationally.

- Currently 12% of California’s population is age 65+.
- By 2030, 18% of California’s population will be age 65+, representing 8,288,241 individuals.
- Not only is California’s population aging, it is becoming more racially and ethnically diverse.
The Growing Diversity of the California Population

California has the Largest Latino Population in the U.S.

Note: Percentages do not sum to 100.0 due to rounding.
Source: U.S. Census Bureau, 2004 American Community Survey, Selected Population Profiles, S0201.
Compared to NHW U.S. Born Baby Boomers:

- Mexican U.S. Born boomers are 1.8 times more likely to be diabetic and 1.9 times more likely to be obese, but there are no differences between these two groups for the other health conditions.

- Mexican naturalized boomers are 1.9 times more likely to be diabetic and almost two times more likely to rate their health as poor, but there are no differences between these two groups for the other health conditions.

- Mexican non-citizen boomers are 2.3 times more likely to be diabetic and 1.7 times more likely to rate their health as poor.
Correlates of Poor Health Among Latino Baby Boomers, (CHIS, 2007)

**Poverty**
- 38% of Mexican noncitizen boomers live below the poverty line compared to 20% of naturalized Mexicans, 13% of US born Mexicans and 5% of non-Hispanic whites.

**Education**
- 75% of non-citizen Latino boomers have less than a high school education compared to 57% of naturalized Mexicans, 17% of US born Mexicans and 5% of non-Latino whites.

### Barriers to Health Among Latino Boomers with Diabetes, CHIS, 2011

<table>
<thead>
<tr>
<th>Barriers</th>
<th>Latino</th>
<th>Non-Hispanic white</th>
</tr>
</thead>
<tbody>
<tr>
<td>Delay Prescription</td>
<td>15</td>
<td>13</td>
</tr>
<tr>
<td>Delay Medical Care</td>
<td>20</td>
<td>15</td>
</tr>
<tr>
<td>Diabetes Care Plan</td>
<td>72</td>
<td>87</td>
</tr>
<tr>
<td>Written Diabetes Care Plan</td>
<td>35</td>
<td>48</td>
</tr>
<tr>
<td>Confidence to manage Diabetes</td>
<td>38</td>
<td>50</td>
</tr>
<tr>
<td>Contact Doctor with Questions</td>
<td>27</td>
<td>42</td>
</tr>
<tr>
<td>Usual Source of Care is ER</td>
<td>12</td>
<td>7</td>
</tr>
<tr>
<td>Spent a night in Hospital because of Diabetes</td>
<td>7</td>
<td>3</td>
</tr>
</tbody>
</table>
Implications

- Providers will need to be adept at chronic disease management and educating the population on the importance of chronic disease self management;

- Programs aimed at health education and empowerment will be paramount for Latinos and other minority populations to improve health outcomes and reverse health disparities;

- Programs and providers working with Latino and other minority communities will need to be culturally competent and sensitive to the barriers impacting health outcomes including structural and individual level barriers.
Thank You!