

# AGE

## NATIONALLY, WE KNOW:

- Our most vulnerable populations from a health standpoint tend to be the elderly and the young. Since other age groups are covered to some degree in *Healthy Maine 2010: Longer and Healthier Lives*, we have chosen to concentrate here on adolescents and young adults, defined as ages 10–24 years, and on elders, defined as individuals over age 64 years.
- Many health data systems obtain age of patients or respondents. What is presented here are just a few highlights describing some health challenges these two populations may face disparately.

<b>Three Leading Causes Of Death In Each Age Group For A Sample Year US And Maine, Numbers Of Deaths</b>	
<b>US 1997</b>	<b>MAINE 1998</b>
<b>Under 1 Year</b>	
Birth defects 6,178	Disorders related to premature birth 34
Disorders related to premature birth 3,925	Birth defects 20
Sudden infant death syndrome (SIDS) 2,991	Probable SIDS or other ill-defined 12
<b>1–4 Years</b>	
Unintentional injuries 2,005	Unintentional injuries 4
Birth defects 589	Homicide 4
Cancer 438	Birth Defects 3
<b>5–14 Years</b>	
Unintentional injuries 3,371	Unintentional injuries 10
Cancer 1,030	Cancer 6
Homicide 457	Suicide 4
<b>15–24 Years</b>	
Unintentional injuries 13,367	Unintentional injuries 66
Homicide 6,146	Suicide 22
Suicide 4,186	Cancer 8
<b>25–44 Years</b>	
Unintentional injuries 27,129	Unintentional injuries 90
Cancer 21,706	Suicide 90
Heart disease 16,513	Cancer 86
<b>45–64 Years</b>	
Cancer 131,743	Cancer 674
Heart disease 101,235	Heart disease 405
Unintentional injuries 17,521	Unintentional injuries 69
<b>65 Years and Older</b>	
Heart disease 606,913	Heart disease 3,069
Cancer 382,913	Cancer 2,126
Stroke 140,366	Stroke 722

Source: Maine DHS, Bureau of Health, Vital Records; *Healthy People 2010*. Note: these numbers are only for a sample year and do not represent averages.

## ADOLESCENTS AND YOUNG ADULTS

- The health of adolescents and young adults population is especially vulnerable for several major reasons, among them:
  - Rapid growth and development in adolescence leads to new needs; therefore adolescent health is intertwined with healthy development;
  - This is a period in which many lifelong patterns of behaviors are established;
  - Adolescent and young adult health provides the foundation for adult health status;
  - Societal messages to young people are often confusing and contradictory; making it difficult for young people to apply new skills and freedom around decision-making;
  - Adolescents under 18 make choices concerning their health, but are also still dependent on the adults in their lives for support and guidance, and do not have the same level of control over their environments as adults; and
  - “Problem-free is not fully prepared.” (Karen Pittman)
- Adolescents and young adults (ages 10–24) comprise 21% of the US population, compared to 19.7% in Maine.

Penthe Burns, Maine Youth Leadership  
Advisory Team Coordinator, Portland

*“You think about a patient’s bill of rights and wonder what are the distinctions for adolescents in terms of the right and the need for privacy for their own empowerment and self-protection.”*

Maine Population By Sex And Age					
	1990 Census Number	% Of Total	2000 Census Number	% Of Total	Change Since '90
<b>Total population</b>	1,227,928		1,274,923		3.83%
<b>Male</b>	597,850	48.70%	620,309	48.70%	3.76%
<b>Female</b>	630,078	51.30%	654,614	51.30%	3.89%
<b>Median Age</b>	<b>34</b>		<b>39</b>		
<b>0–4 years</b>	85,722	7.00%	70,726	5.50%	–17.49%
<b>5–9 years</b>	88,506	7.20%	83,022	6.50%	–6.20%
<b>10–14 years</b>	84,579	6.90%	92,252	7.20%	9.07%
<b>15–19 years</b>	87,927	7.20%	89,485	7.00%	1.77%
<b>20–24 years</b>	86,040	7.00%	69,656	5.50%	–19.04%
<b>25–34 years</b>	205,235	16.70%	157,617	12.40%	–23.20%
<b>35–44 years</b>	193,345	15.70%	212,980	16.70%	10.16%
<b>45–54 years</b>	124,751	10.20%	192,596	15.10%	54.38%
<b>55–59 years</b>	54,216	4.40%	68,490	5.40%	26.33%
<b>60–64 years</b>	54,234	4.40%	54,697	4.30%	0.85%
<b>65–74 years</b>	91,600	7.50%	96,196	7.50%	5.02%
<b>75–84 years</b>	53,547	4.40%	63,890	5.00%	19.32%
<b>85 years and over</b>	18,226	1.50%	23,316	1.80%	27.93%

Source: US Census Bureau.

<http://factfinder.census.gov>



- Nationally, approximately two-thirds of the population age 10–19 years are non-Hispanic white, and one-third are of other racial and ethnic groups. By the year 2050, national projections are that over half (56%) of this population will be Hispanic, black, American Indian, or Asian.
- Nationally, adolescents and young adults experience high rates of uninsurance – about one in five of them lack health insurance. Even more appear to lack dental insurance. This group also under-utilizes the health care system; foregoing needed acute and preventive health care more than other age groups.
- The most common reason for people in the US ages 10–24 to visit the emergency department is for injuries – accounting for half of all adolescent (ages 10–19) visits. Over half of these visits are for being struck, falls, cuts, and motor vehicle crashes. Almost three-quarters of all adolescent deaths are from injuries; only one-quarter are from diseases. Motor vehicle crashes and firearm-related injuries account for three-quarters of deaths from injury among adolescents, and 55% of all adolescent deaths.
- Nationally, tobacco addiction, alcohol use, marijuana use, suicide, sexually transmitted diseases, and injuries are all found in relatively high rates among adolescents and young adults compared to most other age groups.



Ryan Franchetti, 17, Board Member, Healthy Community Coalition, Farmington

*“I still see a lot of teens smoking and most have no interest in quitting. The health messages only seem to*

*get through to kids involved in sports. Another problem is the shortage of mental health services. There aren’t enough places teens can go to for counseling on various family problems. They don’t have anyone to talk to but friends who might not offer the best advice.”*

*“Youth are under-represented in the community. Maine makes a good effort to talk to groups of kids through various programs and conferences. But those groups don’t fully represent teenagers of Maine and all the health issues they face. When I attend conferences, I see the same kind of kids – the ones who do well in school and excel in all aspects of their lives.”*

*“The kids who need help aren’t the type to step forward or go through a visioning process.”*

Alana, 19; member of Maine Youth Leadership Advisory Team and a student at USM

*“There’s no real middle ground. You can find a counselor to talk to for an hour once a week or you can be hospitalized. At no point can you get someone to help with medication and monitor you for a while. I finally got an appointment with a psychiatrist, but he couldn’t fit me in for three months. So, my therapist has actually recommended that if I really feel I need medication, I should get myself admitted someplace.”*

- The percentage of overweight young people in the US has doubled (increased by 100%) since 1980 (National Center for Health Statistics, US, 2000, Table 69).

## ELDERS

- Because there are so many health status issues elders face that are measured and that are covered in *Healthy Maine 2010: Longer and Healthier Lives*, this chapter is focused on characterizing some of the factors seniors face that influence their health but are not necessarily directly related to the biological aging process per se.
- The median age in the US is 35, which is up from 33 in 1990 and 28 in 1970.

Jean Dellert, American Association of Retired Persons, Maine Chapter

*“Prescription drug prices that seniors have to pay is one of the biggest issues the elders face.”*



- The percent of the US population over the age of 64 has increased from 6.9% in 1940 to 11.3% in 1980 to 12.3% in 2000, and is expected to increase dramatically over the next 20 years as the “baby boomer” generation reaches this age group.
- Although the vast majority of people over the age of 64 have health insurance through Medicare, many of them are underinsured. For instance, Medicare does not reimburse for most outpatient prescription drugs, one of the most expensive health care items in our overall health care budgets. Neither does Medicare cover dental care.
- Twenty-seven percent (27%) of elders and disabled Medicare recipients have no insurance to cover outpatient prescription drugs. (1998 Medicare Current Beneficiary Survey.)
- In 1999, seniors age 65 and older spent an average of \$706 out-of-pocket for pharmaceuticals, which was nearly double the \$370 spent by all consumers and seven times that spent by those under age 25 (\$97). (Bureau of Labor Statistics, Consumer Expenditure Surveys 1999.)
- Employer-sponsored health insurance plans are the single largest source of supplemental coverage for Medicare beneficiaries; more than one-third of seniors have such coverage. This coverage tends to be more comprehensive and affordable than private Medigap or Medicare + Choice plans. Many companies who offer such benefits are planning on dropping this coverage or requiring retirees to share more of the cost. Most who still offer this benefit are large companies who offer it to employees who have worked there many years – a trend that is declining as well. (“Erosion of Private Health Insurance Coverage for Retirees,” Kaiser Family Foundation, April 2002.)

- Most of the major chronic disease incidence and death rates rise with age, the exception being asthma.
- Depression, Alzheimer’s, other dementias, and suicide are highest among elders. Depression tends to be undiagnosed and untreated relative to other age populations. Alcohol abuse and sexually transmitted diseases also tend to be underdiagnosed and untreated in elders. The Surgeon General’s Report on Mental Health in 1999 reports that the estimated incidence of mental illness among adults age 55 and over is about 20%, or one in five.
- Occupational injuries are high among elders.
- Influenza and pneumococcal pneumonia are infectious diseases with a greater impact among elders, yet vaccinations against these two diseases can prevent them.
- Physical activity and nutritional status tend to be poor among elders, yet vast improvements in health status can be made with modest interventions.

David Hall, American Association of Retired Persons, Maine Chapter



*“There is a serious shortage of home care and nursing home staff, which reduces the quality of care available to elders. We are also challenged with educating the public about all the alternatives for elder care. Most elders want to live at home as long as possible.”*

**IN MAINE, WE KNOW:**

- The median age in Maine is 39, which is up from 34 in 1990.
- As with national data, almost all Maine health data sets ask age. Therefore, compared with other disparity factors, there are more data on the effects age has on health status.

**Median Ages US And Maine**

	US	Maine
<b>1970</b>	28	
<b>1990</b>	33	34
<b>2000</b>	35	39

Source: 2000 Census.

## ADOLESCENTS and YOUNG ADULTS

- Young adults are less likely to have health insurance. Twenty-two percent (22%) of Maine young adults ages 18–24 are uninsured, compared with those who are 45–64 (13%) and over 64 years (2%).
- Maine young adults have the lowest rate (69%) of using a car safety belt, compared with 82% for those over the age of 64.
- Adolescents and young adults have much higher smoking rates than older adults – 25% for high school students, 35% for ages 18–24 years, compared with 7% for those over age 64 (BRFSS 2000 and YRBS 2001).
- Maine teens ages 15–19 have a higher death rate from injuries, homicides, and suicides than the national rate (62/100,000 teens versus 53/100,000, in 1999).

## ELDERS

### Maine And US People Over Age 64 As A Percent Of The Total Population

	Maine	US
1940	6.9%	6.9%
1980	11.5%	11.3%
1990	13.3%	
2000	14.4%	12.3%
2020	*19.3%	

Source: US Census Bureau.

\* = Projection

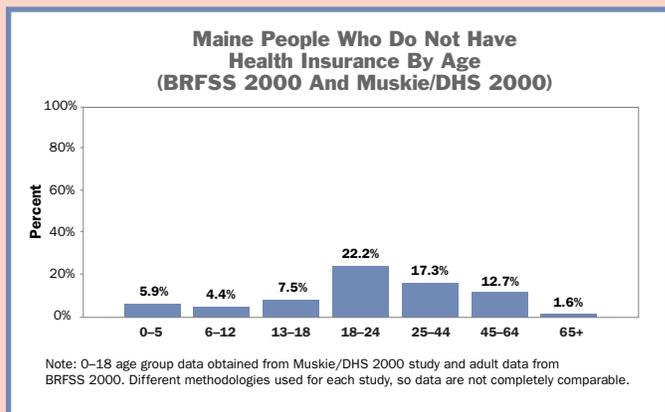
- Maine has one of the highest proportions of people over 64 years in the nation.
- Maine elders tend to live on fixed and lower incomes, and this limits their access to health care. Ten percent (10%) live below the Federal poverty level, which is \$739 monthly income for a family of one.
- There are approximately 6,000 grandparents in Maine who are responsible for the care of their grandchildren. Sixty percent (60%) of these grandparents are women and 71% are in the labor force (2000 Census).

- Smoking rates among Maine’s population over the age of 64 has shown a decline from 14% in 1993 to 6.8% in 2000.
- Mainers over 65 have the highest suicide rate of any group in the State, and suicide is the leading cause of injury death for Mainers age 65–74. Suicide rates among elders in Maine are about three times that for adolescents.

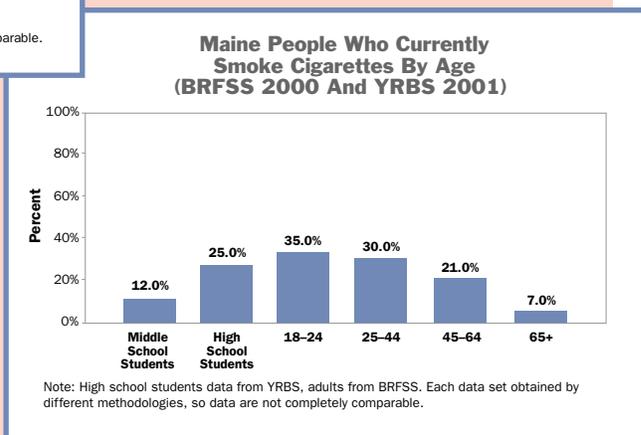
## CHALLENGES

- Health data sets that rely on surveys of youth usually rely on those in regular public schools; missing some populations who may be at highest risk for health problems, such as those who dropped out of school or who are in correctional facilities. Also, most Maine health data on adolescents cannot be broken down by regions of the State.
- Overall, age is probably the factor with the least challenges in definition and measurement. Virtually all health data sets collect the respondent’s or patient’s age.
- We face challenges in moving from data gathering to data analysis to population-based interventions and then to evaluation.

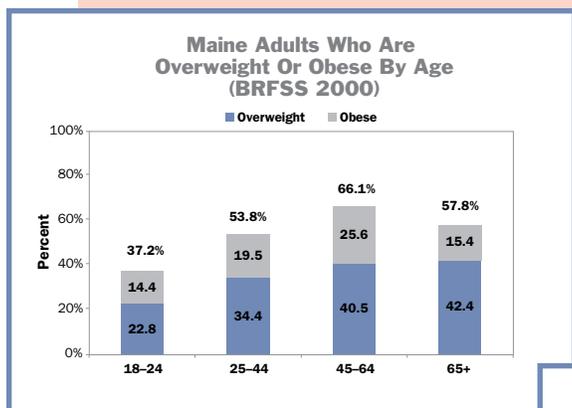
**SOME SAMPLE BEHAVIORAL RISK FACTORS BY AGE IN MAINE:**



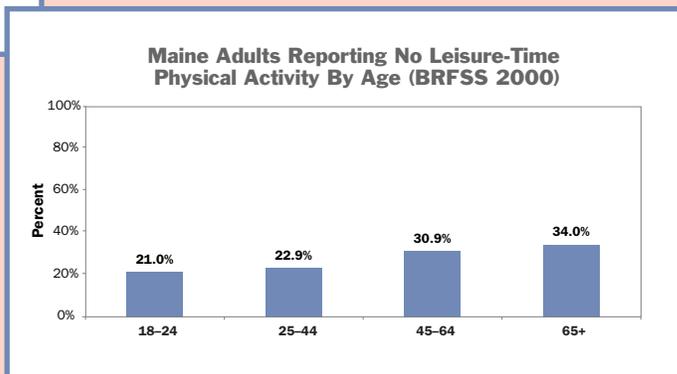
Younger adults are less likely to have health insurance than those age 45 and older.



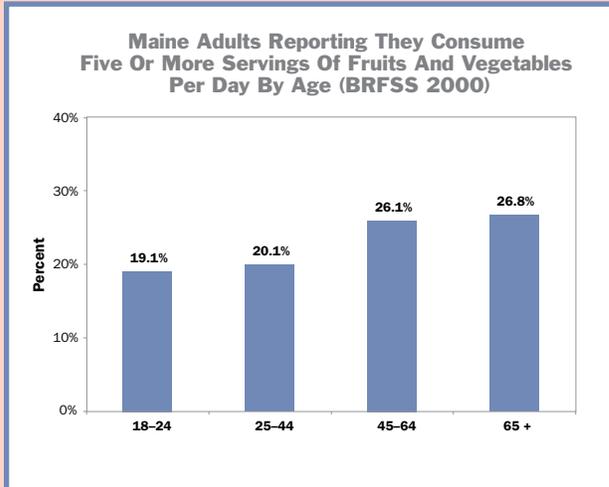
Younger adults are more likely to smoke than older adults.



Older adults are more likely to be overweight or obese than young adults.

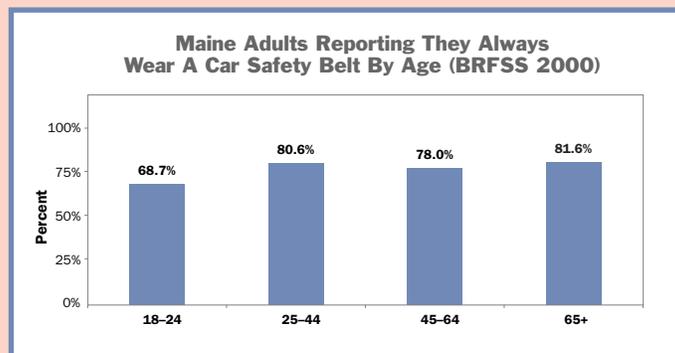
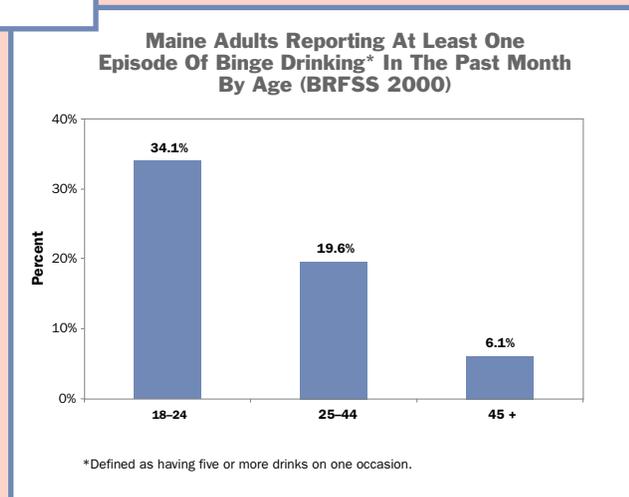


Older adults are less likely to engage in any leisure-time physical activity than younger adults.

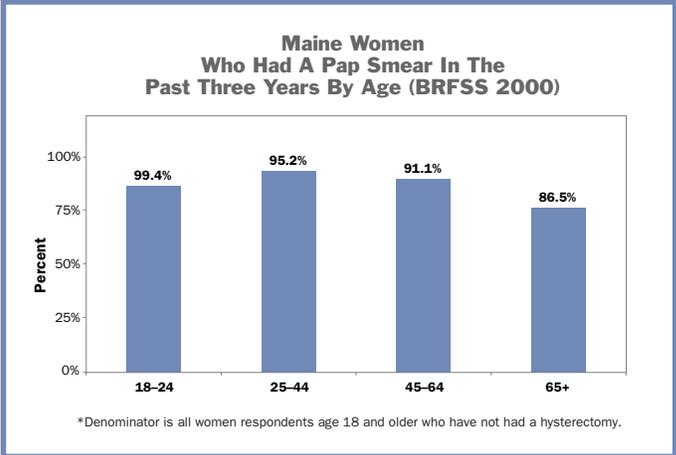


Younger adults are less likely to eat five or more servings of fruits and vegetables per day than older adults.

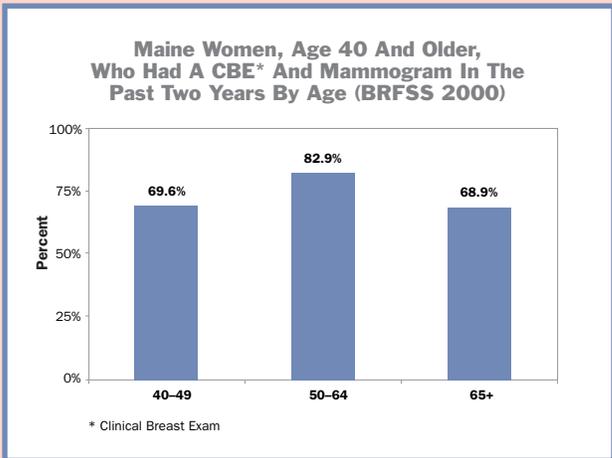
Younger adults are more likely to binge drink than older adults.



Younger adults are less likely to wear a car safety belt than older adults.



Older women are less likely to have had a Pap smear.



Women ages 40–50 or 65 and older are significantly less likely than women ages 50–64 to have had both a clinical breast exam and a mammogram in the past two years.

Younger adults are less likely to have had their cholesterol checked.

