

Dying Before Their Time

The Startling Truth About Mortality and Detroit Area Seniors

A Synopsis of Three Research Reports



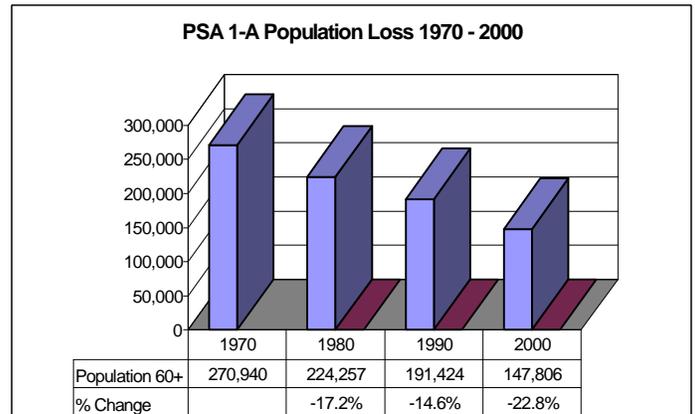
The Detroit Area Agency on Aging's (DAAA) older adult population is dying at a dramatically higher rate than their counterparts who live in other parts of the state of Michigan, a pattern that is repeated in other urban areas in the state.

This accelerated mortality rate is believed to account for nearly 40% of the loss of 43,816 older adults in the Detroit area between 1990 – 2000 and is associated with poor access to care as well as delays in seeking care for chronic and other conditions by those who cannot afford health care. Low-income seniors are more likely to enter the health care system at a more advanced stage of the disease, resulting in more complications, a higher level of service needed, and a higher mortality rate than exists for those who seek care regularly or when a need arises.

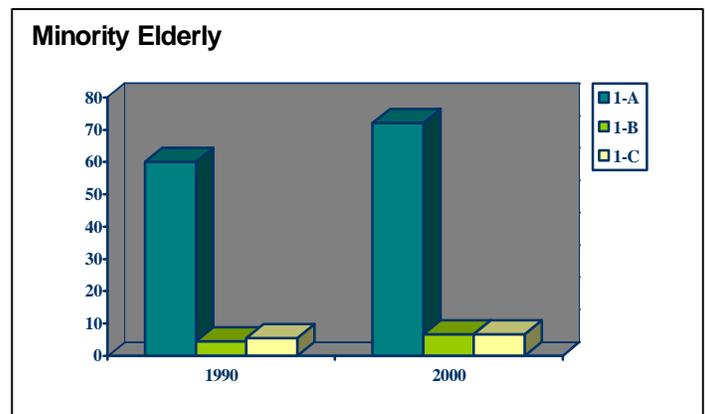
These findings emerged from studies conducted for DAAA by research teams from the Wayne State University's Center for Urban Studies (WSU/CUS) and Detroit Medical Center / Wayne State University (DME / WSU) Community Health Institutes. The City of Detroit Senior Citizens Department also conducted a separate study prepared by the Wayne State University Institute of Gerontology (IOG) in collaboration with the Center for Healthcare Effectiveness Research (CHER) and the Center for Urban Studies. This needs assessment examined the demographic characteristics and needs of seniors in the city, interviewing 1,410 elderly Detroit residents over a six-month period ending in April 2002.

The City's needs assessment revealed that while a majority of Detroit seniors feel that "being a senior is the best time of life," there is a significant shortfall in providing support services to those in need of these services.

DAAA's service area, Region 1-A, consists of Detroit, the five Grosse Pointes, Hamtramck, Harper Woods and Highland Park. The agency has a sixty-plus population of 146,806 older adults – a 23% decline from 1990. The poverty rate for this service area is 24.9 percent – more than double that of any other region in the state of Michigan. Findings from all three research reports are highlighted in this Synopsis. This research and data analysis sought to determine what part out-migration, health status and other factors played in the loss of this older population in the Detroit area and what kind of safety net can be put into place to address their problems and concerns.



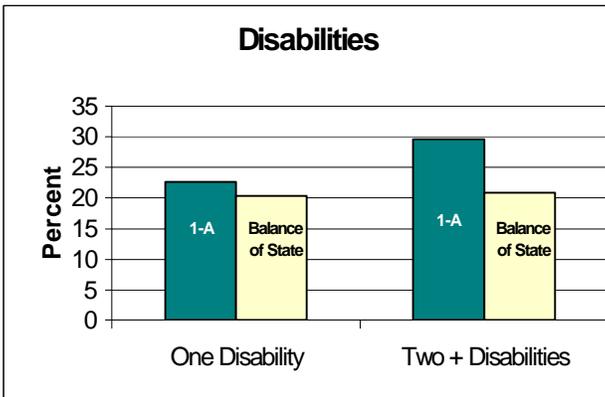
- WSU/CUS found that DAAA's senior population has declined from 270,940 in 1970 to 147,806 in 2000. While the region's population slowed during the 1990s, its loss of elderly accelerated.
- Region 1-A's population losses were greatest in the "Younger Old". The region lost 31% of the 60-64, 20% of the 65-74, only 6.5% of the 75-84 and 9.7% of the 85+.



- WSU/CUS found that Region 1-A's minority elderly increased because of the loss of white elderly population. The region lost 57.9% of the white elderly from 1990-2000. The white elderly population dropped by 50% or more in all but the oldest age group.
- Higher death rates, out migration to the suburbs and a smaller replacement cohort (50-59 year olds moving into the 60+ population) reduced DAAA's share of the elderly – particularly the minority elderly.

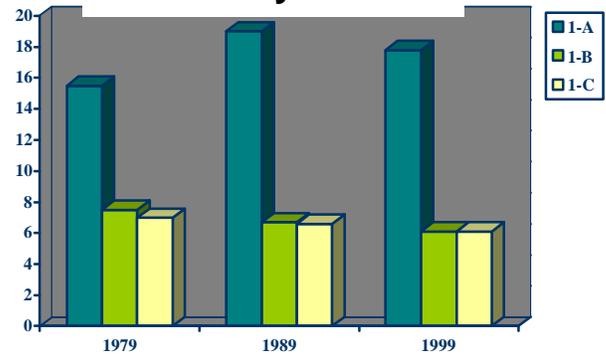
While, poverty has decreased, Region 1-A's poverty rate remains twice that of any other region at 24.9%. In 1999, Region 1-B and Region 1-C, the other Area Agencies on Aging that serve southeastern Michigan, have a 6.3% and 7.5% poverty rate, respectively.

Region 1-A's elderly report disabilities at higher rates than the rest of the state. WSU/CUS found that Region 1-A's disability rate was 22.6% for one disability compared to 20.4% for the state and 29.6% for two or more disabilities compared to 20.9% for the state of Michigan. Disabilities include physical, sensory, mental, self-care and mobility limitations.



WSU/CUS found that about 30% of the respondents to the City Needs Assessment had concerns about poor housing options, deteriorating neighborhoods, and inadequate long-term care options. This contributed to out-migration and the loss of older adult population.

Poverty Rate



Overall, Region 1-A senior population has become needier. The region's poverty was twice as high as any other region in Michigan and the distribution of seniors 60+ years of age has tilted to minorities and older age groups. There was also a higher rate of reported disabilities.

To determine the role of health status in the loss of population, DAAA commissioned a Senior Health Status Report with The DMC / WSU Community Health Institutes. The health study sought to:

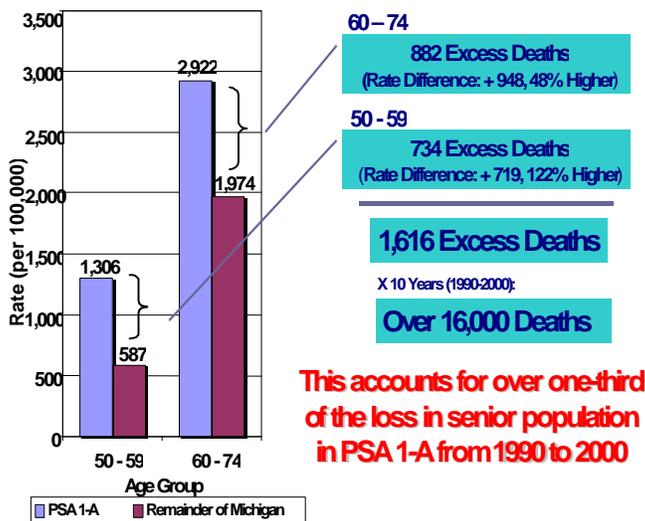
- 1) Develop a health profile of the elderly in Region 1-A and
- 2) Examine the impact of current health-related benefits of the Medicaid Waiver program.

The DMC / WSU Community Health Institutes' hypothesis for the Senior Health Care Status Report was based on the premise that an older population with poor health status has a greater need for services than a healthier older adult population. Therefore, the health status of the elderly in Region 1-A was compared to the rest of the State of Michigan. The health factors analyzed in the report included mortality, hospital use, morbidity and access to care.

- Residents of at least ten other urban areas age 55-64 are dying at a 55% higher rate than the rest of the state. In the year 2001 in those 10 areas, there were 1,400 deaths compared to 904 per 100,000.
- The ten other urban areas that were studied are: Ann Arbor, Battle Creek, Benton Harbor, Flint, Grand Rapids, Kalamazoo, Lansing, Muskegon, Pontiac and Saginaw.
- Residents, age 65-74 in the ten other urban areas are dying at least at a 25% higher rate than the rest of the state. In the year 2001 in those ten areas, there were 2,839 deaths per 100,000 compared to 2,268 per 100,000 for the rest of the state.

Mortality

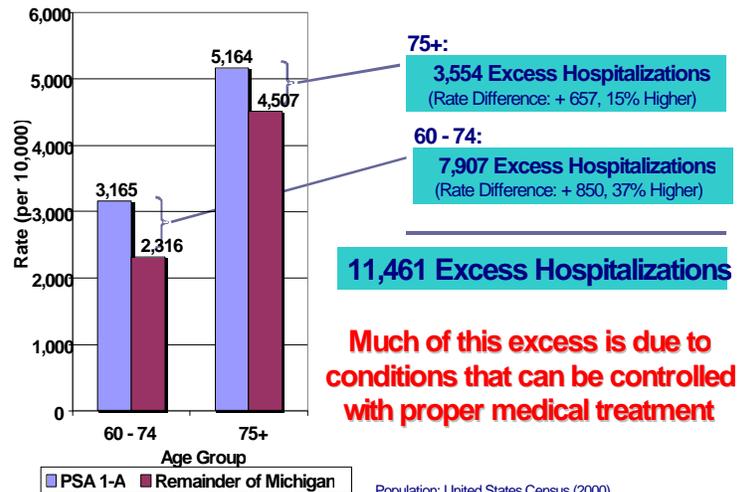
Age-Specific Mortality Rate and Excess Deaths



- Detroit area residents age 50-59 in Region 1-A are dying at a 122% higher rate than the rest of the state. In the 50 – 59 age group there were 1,306 deaths per 100,000 persons compared to 587 in the rest of the state. The death rate for the 45 – 59 age group is 148% higher. For every 148 deaths in Region 1-A, there are 100 deaths in the other rest of the state.
- Detroit area residents age 60-74 are dying at a rate 48% higher than their peers in the rest of the state. In this age group there were 2,922 deaths per 100,000 persons between 1999-2001. In the same years, there were only 1,974 deaths per 100,000 in the remainder of Michigan.

Hospital Use

Morbidity in Senior Population: Excess Hospitalizations



- Hospitalization rates for seniors between ages 60-74 are 37% higher in Region 1-A when compared to the rest of Michigan. This accounts for 7,907 excess hospitalizations.
- Hospitalization rates after age 75 are still 15% higher in Region 1-A than compared to the rest of the state. This accounts for 3,554 excess hospitalizations.
- The average hospital stay costs \$10,000, according to the DMC.

Population: United States Census (2000)
Hospitalizations: Michigan Hospital Association, Inpatient Database (2000)

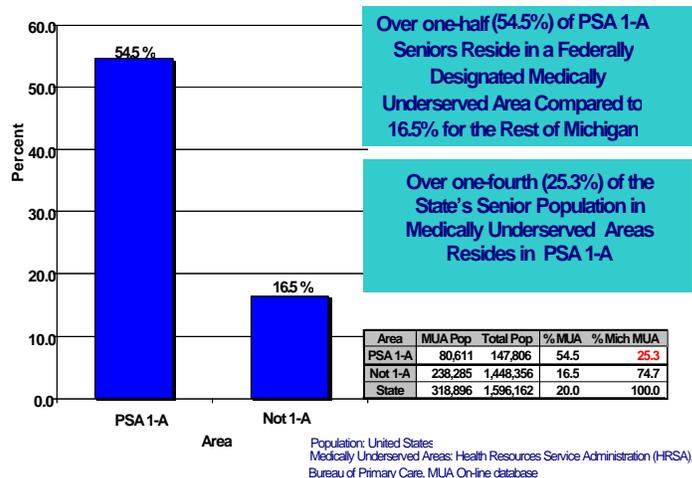
Morbidity

- 89% of Detroit seniors report having at least one chronic illness and 39% of Detroit seniors report having three or more chronic illnesses, including hypertension, arthritis, heart disease and diabetes mellitus.
- Because of this disease burden, seniors in Detroit report visiting a physician more often than nationally – 7.7 vs 5.2 times per year.
- The top ten reasons for hospitalizations reported by respondents included heart failure, rehabilitation, transient ischemic attacks (“mini-strokes”), chronic obstructive pulmonary disease, pneumonia, diabetes and other related nutritional and metabolic disorders, gastro intestinal hemorrhage, chest pain, renal failure and septicemia (blood poisoning).
- Research findings indicate that health care status and excess deaths played a significant role in the premature loss of the older adult population in the Detroit area from 1990 – 2000.

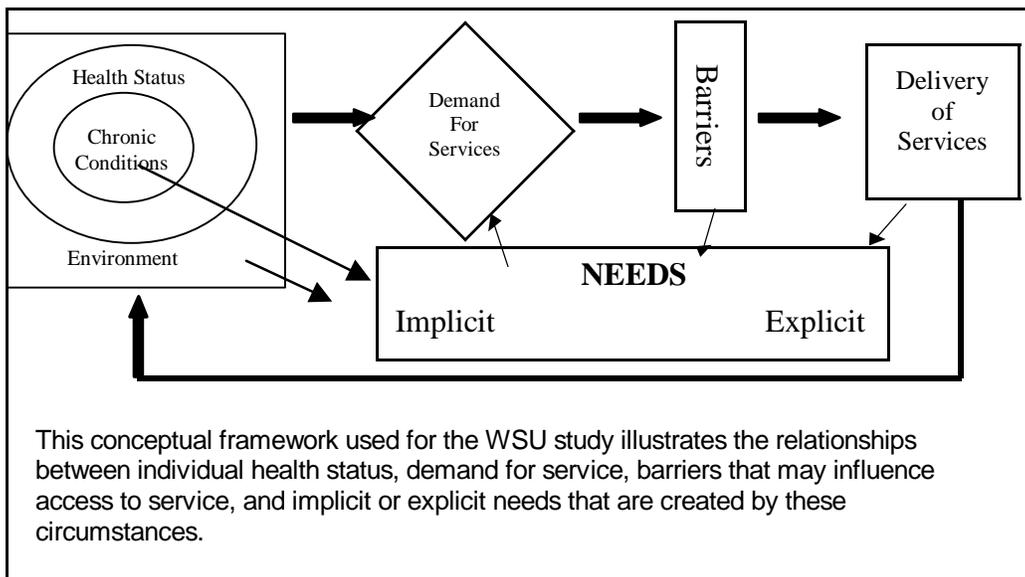
Access To Care

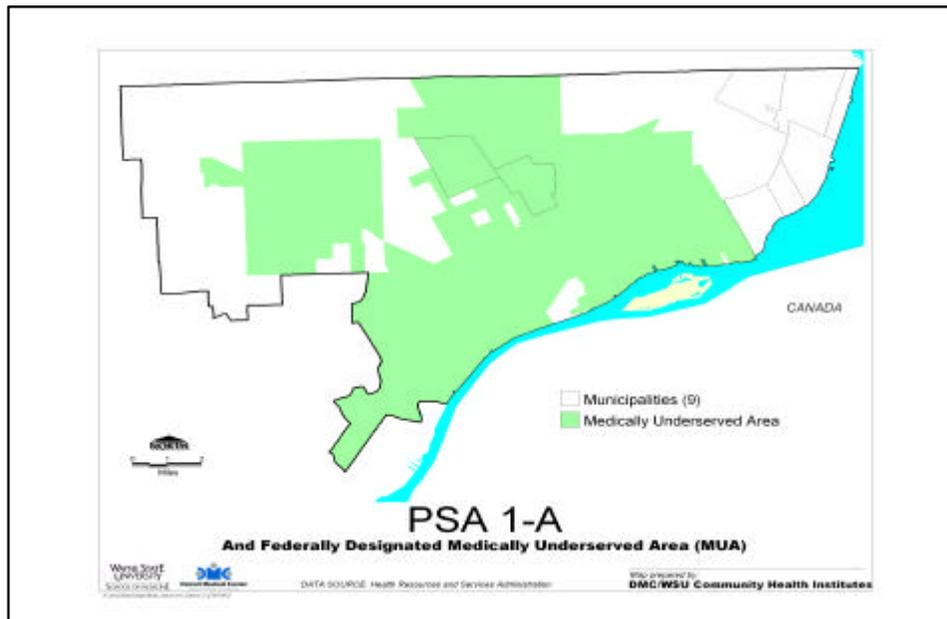
- The shortage of primary care doctors in much of Detroit has led the Federal Health Resources Service Administration, Bureau of Primary Care to designate more than half of the Cities of Detroit, Hamtramck and Highland Park as medically underserved areas (MUAs)

Senior Population Residing in a Medically Underserved Area



- Over one-half (54.5%) of Region 1-A seniors reside in a federally designated MUA.
- This number (80,611) represents over one-fourth (25.3 percent) of the state's senior population residing in a MUA.





- ✍ DMC / WSU Community Health Institutes researchers found that 66% of clients served by the DAAA 's Medicaid Waiver and Care Management Programs resided in Medically Underserved Areas. This indicates that the agency is targeting resources to the most vulnerable.
- ✍ The overall state average for seniors residing in MUA's is 20% compared to 54.5% for Region 1-A.

Health Status of DAAA's Clients

DMC / WSU Community Health Institutes researchers were asked to analyze the health care status of DAAA's care management clients being served through its MI Choice (Care Management Program) and Medicaid Waiver programs since state of Michigan statistics indicate that Region 1-A Medicaid Waiver clients have the highest acuity rate within the state at 80%. The study period included 1999 through 2001. A summary of health care findings appear below:

Demographic Characteristics

The majority of Medicaid Waiver clients are female (73.9%), between the ages of 65 and 84 (61.4%) and African American (90%). White clients account for 9.6% while Hispanic clients accounted for 1.0%. Fifty-five percent were widowed.

Health Status

- ✍ Top five chronic diseases experienced by Medicaid Waiver clients include hypertension (78.9%), arthritis (76.9%), diabetes (35.6%), cerebrovascular disease ((31.6%) and congestive heart failure (29.9%).
- ✍ Fifty-one percent of clients had difficulties with 6 – 8 Activities of Daily Living (ADLs) compared to 27.6% that had problems with 3 – 5 ADLs and 21.0% that had difficulties with 0 – 2 ADLs. About 71.2% had difficulties with 6 – 7 Instrumental Activities of Daily Living (IADLs) compared to 27.2% with 4 - 5 and 1.6% with 2 - 3 IADLs.
- ✍ About 18% of the Medicaid Waiver clients were taking four or fewer prescription drugs compared to 34.6% who were taking 5 – 8 medications. Forty-seven percent (47%) of the clients were taking nine (9) or more prescription medications. Seventy-three percent said they were compliant with their medications all of the time.
- ✍ Over the two-year study period, 6.1% reported receiving emergent care, 24.4% received hospital care and 6.8% had an emergency room visit. Findings indicate that the more intervention, the fewer hospitalizations or emergency room visits.
- ✍ About 40% of the clients were homebound and never left alone

Older adults and those approaching senior status in Michigan's urban areas are dying faster than seniors in the rest of the state, sometimes more than twice as fast as their non-urban counterparts. The charts below indicate that Region 1-A's elderly have a higher death rate than the elderly in the remainder of the state. Data was analyzed for Region 1-A as well as Ann Arbor, Battle Creek, Benton Harbor, Flint, Grand Rapids, Kalamazoo, Lansing, Muskegon, Pontiac and Saginaw.

In Table 1, the table shows that Region 1-A's excess death rates for 50 – 59 and 60 – 74 as compared to the rest of the State. Table 2 shows how the other ten communities rank alone as well as when compared to Region 1-A. Table 3 shows city ranking by descending order for the 45 – 54, 55-64 and 65 to 74 age groups.

Table 1

Excess Mortality in PSA 1-A Compared to the Rest of Michigan (1999-2001)										
Age	Total Population		Mortality (1999-2001)		Rate (per 100,000)		Rate Comparisons		Excess deaths per year	
	PSA 1-A	Not 1-A	PSA 1-A	Not 1-A	PSA 1-A	Not 1-A	Ratio	Difference (per 100,000)	In PSA 1-A Area	
									By Age	Age 50-74
0-14	274,894	1,889,304	968	3,600	117.4	63.5	1.85	53.9	148.1	
15-29	225,051	1,793,284	1,227	3,789	181.7	70.4	2.58	111.3	250.5	
30-49	298,732	2,742,088	4,510	15,898	503.2	193.3	2.60	310.0	926.0	
50-59	102,063	1,016,866	4,000	17,916	1,306.4	587.3	2.22	719.1	733.9	733.9
60-74	93,054	926,970	8,158	54,898	2,922.3	1,974.1	1.48	948.2	882.4	882.4
75+	54,105	522,033	14,307	130,788	8,814.3	8,351.2	1.06	463.1	250.6	
TOTAL	1,047,899	8,890,545	33,170	226,889	1,055.1	850.7	1.24	204.5	2,142.4	1,616.3

Table 2

Excess Mortality By City Based on Mortality Experience in the Remainder of Michigan *					
12 Cities	10 Cities	City	Rate Ratio		
			45-54	55-64	65-74
1	1	Ann Arbor	0.8	0.8	0.7
2	2	Battle Creek	1.7	2.2	1.4
3	3	Benton Harbor	2.9	2.2	0.8
4		Detroit	2.9	2.2	1.5
5	4	Flint	2.5	2.1	1.5
6	5	Grand Rapids	1.3	1.2	1.2
7		Highland Park	4.2	2.2	1.3
8	6	Kalamazoo	1.5	1.8	1.4
9	7	Lansing	1.7	1.3	1.2
10	8	Muskegon	2.2	2.2	1.5
11	9	Pontiac	2.3	1.61	1.46
12	10	Saginaw	2.3	1.9	1.5
		Overall 10	1.7	1.6	1.3
		Overall 12	2.4	1.9	1.4

*Comparison Remainder of Michigan other than 12 cities (Ann Arbor, Battle Creek, Benton Harbor, Detroit, Flint, Grand Rapids, Highland Park, Kalamazoo, Lansing, Muskegon.)

Table 3

Cities Ranked By Descending Rate Ratios with Age Group					
Age 45-54		Age 55-64		Age 65-74	
Highland Park	4.20	Muskegon	2.22	Muskegon	1.54
Detroit	2.89	Benton Harbor	2.21	Flint	1.49
Benton Harbor	2.87	Highland Park	2.19	Detroit	1.49
Flint	2.47	Battle Creek	2.18	Saginaw	1.48
Pontiac	2.35	Detroit	2.17	Pontiac	1.46
Saginaw	2.26	Flint	2.05	Battle Creek	1.41
Muskegon	2.23	Saginaw	1.93	Kalamazoo	1.37
Lansing	1.69	Kalamazoo	1.77	Highland Park	1.27
Battle Creek	1.66	Pontiac	1.61	Lansing	1.16
Kalamazoo	1.55	Lansing	1.32	Grand Rapids	1.16
Grand Rapids	1.33	Grand Rapids	1.23	Benton Harbor	0.84
Ann Arbor	0.75	Ann Arbor	0.79	Ann Arbor	0.72

Region 1-A communities rank 1st and 2nd in excess deaths for the 45-54 age group, 3rd and 5th for the 55-64 age group and 3rd and 8th for the 65-74 age group.

The City of Detroit Senior Citizens Department commissioned a needs assessment of older adults in 2002 through Wayne State University's Institute of Gerontology, Center for Urban Studies and Center for Healthcare Effectiveness Research. The study, entitled "Facing the Future: 2002 City of Detroit Needs Assessment of Older Adults", results from telephone and face-to-face interviews with 1,410 randomly sampled individuals 60 years and older. Key health-related findings of the study are highlighted below:

- ✍ The number of seniors who need basic health services is 66% greater than the number that actually received them.
- ✍ The prevalence of diabetes (23%) and hypertension (64%) in the survey sample were greater than national norms reported by the National Center for Health Statistics.
- ✍ In the previous 12 months, 33% of the respondents had at least one emergency room visit; 25% had at least one hospital or nursing home admission; and 45% had experienced an emergency room visit, nursing home or hospital admission or had been bed-ridden for five or more days.
- ✍ Individuals who experienced a serious health event were at slightly greater risk of having no one to provide long-term, short-term or emergency assistance than seniors who did not experience such events.
- ✍ Respondents with inadequate transportation saw a physician less frequently than those with adequate transportation. Thirty-seven percent (37%) rely on others or public transportation to get places they need to go and they are not always able to do so.
- ✍ Eighty-five percent (85%) of respondents reported taking at least one prescription medication, 73% reported taking 2 or more prescriptions.

- ✍ Fifty-one percent of respondents reported concerns about their ability to pay for prescription drugs.
- ✍ Thirty-five percent of respondents report serious limitations in mobility and 11.5% of respondents feel depressed a good bit of the time.

Conclusions

- ✍ PSA 1-A lost 23% of its older adult population between 1990 and 2000 as a result of out-migration, a smaller replacement cohort and premature deaths.
- ✍ PSA 1-A seniors and seniors in other urban areas have poorer health status and greater per capita need for aging services than their non-urban counterparts.
- ✍ Detroit and other urban areas are medically underserved. The result is that older adults are dying prematurely because of preventable causes – illnesses that if found early enough, can be treated and the person's life saved.
- ✍ Availability of and improved access to high-quality, cost-effective health care and supportive home and community-based services are needed.
- ✍ The City Needs Assessment revealed that although the majority of Detroit seniors feel that "being a senior is the best time of their lives," there is a significant shortfall in providing support services to those in need of those services.
- ✍ There is a need to explore possible changes to the Older Americans Act of 1965 and other health-related policies to address the health disparities of older adults.



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