AMERICA'S HEALTH RANKINGS®

SENIOR REPORT

UNITED HEALTH FOUNDATION®

A CALL TO ACTION FOR INDIVIDUALS AND THEIR COMMUNITIES

2014 EDITION

Components of Health

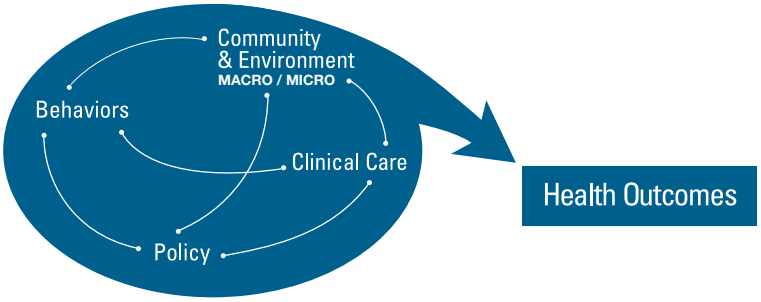
The World Health Organization defines health as "a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity."

In addition to genetic factors, health is the result of:

- Our behaviors;
- The environment and the community in which we live, including the larger community as well as the smaller, personal space of our home and immediate surroundings;
- The public and health policies and practices of our health, public, and private systems;
- The clinical care we receive.

These 4 aspects interact with each other in a complex web of cause and effect, and much of this interaction is just beginning to be understood. Understanding these interactions is vital if we are to create the healthy outcomes we desire, including a long, disease-free, robust life for all individuals regardless of race, gender, or socioeconomic status.

This report focuses on these determinants and the overall health outcomes for adults aged 65 and older, a large and expanding portion of the general population. Optimal health for older adults involves creating a healthy life that allows individuals to flourish to the best of their abilities, maintain their independence and autonomy as long as preferred, and respect their needs and desires as life draws to an end.



A CALL TO ACTION FOR INDIVIDUALS AND THEIR COMMUNITIES

2014 EDITION

America's Health Rankings® Senior Report is available in its entirety at www.americashealthrankings.org. Visit the site to request or download additional copies.

America's Health Rankings® Senior Report—2014 Edition is funded entirely by United Health Foundation, a recognized 501(c)(3) organization.

Data contained within this document was obtained from and used with permission of:

US Department of Health and Human Services
- Centers for Disease Control and Prevention
- Administration on Aging
- National Center for Health Statistics
- Centers for Medicare and Medicaid Services

US Department of Commerce
- Census Bureau
- Bureau of Economic Analysis

US Department of Labor
- Bureau of Labor Statistics

The Dartmouth Atlas Project
National Foundation to End Senior Hunger
The Henry J Kaiser Family Foundation
LTCFocUS, Alpert Medical School, Brown University
American Geriatrics Society
The Commonwealth Fund

Questions and comments on the report should be directed to United Health Foundation at unitedhealthfoundationinfo@uhc.com.

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Acknowledgment

United Health Foundation is pleased to present *America's Health Rankings® Senior Report: A Call to Action for Individuals and Their Communities.*

Today, 1 in 8 Americans are aged 65 and older; in the next 2 decades, another 79 million baby boomers will move into this demographic. With this in mind, we believe that to truly understand and address our health as a nation, we must understand and take an in-depth look at senior health.

Now in its second year, the *America's Health Rankings® Senior Report* reveals some encouraging data about senior health. We saw improvements in quality of nursing home care and end-of-life care. We also saw some gains in levels of activity among seniors and some reductions in avoidable hospitalizations. This news points to the idea that seniors are not only managing their health better, but they're also engaging more with their health and health care, including planning for the future.

While we should celebrate these gains, we must remember that states face serious challenges and a growing aging population, so it's important to focus on continuing to improve. In the next 25 years, America's senior population will double. We need to persist in tackling unhealthy behaviors, not just in seniors, but in all Americans, in order to make much-needed progress against diabetes, heart disease, and other chronic health conditions.

United Health Foundation is actively engaged in putting a spotlight on the health of America as well as the evidence-based ideas and means to improve it. We have designed this report and its related tools to identify health opportunities in communities and multi-stakeholder, multi-discipline approaches to improving the health of our populations. To learn more about what we are doing, and to get information on how you can help improve community health, please visit our website: americashealthrankings.org.

We also invite you to share proven or innovative programs that have made a difference in your community by emailing unitedhealthfoundationinfo@uhc.com, posting on our Facebook page at www.facebook.com/AmericasHealthRankings, or tweeting to us on Twitter at @AHR_Rankings. A healthy exchange of ideas allows all of us to share information, learn from one another, and work together to address our nation's — and our seniors' — health challenges and improve the lives of all.

In the next 25 years, America's senior population will double. We need to persist in tackling unhealthy behaviors, not just in seniors, but in all Americans.

We appreciate the efforts of our expert panel, listed in the report, in the design of this model. This group of practitioners and public health experts reviewed available models and metrics to select a set that reflects the holistic health of seniors, including behaviors, community, environment, clinical care, policy, and outcomes.

Finally, we once again offer our gratitude and respect to the dedicated public health, clinical, and health policy professionals who serve our nation, as well as all of the people who provide care to seniors. They work tirelessly on behalf of seniors every day and deserve our appreciation.

Measuring Elder Abuse, Neglect, and Exploitation: The Role of the Health Care Community

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Administration for Community Living, US Department of Health and Human Services

ACL
Administration for Community Living

In 2011, the first of more than 70 million baby boomers turned 65, marking the beginning of a major demographic shift in the US population. While this shift will affect the entire country, some states will bear the pressure more than others. In addition, states vary greatly in how prepared they are to address the needs of these aging boomers. Last year, United Health Foundation released the inaugural edition of its *America's Health Rankings® Senior Report*, which focused on select health determinants for individuals aged 65 and older and their collective impact on population health at the state level. That report, as well as the annual *America's Health Rankings®*, provides targeted metrics that all stakeholders — government, private sector, and nonprofits — should assess when exploring ways to improve the health and well-being of their seniors.

The increase in the US population aged 65 and older makes it imperative that current health service delivery systems have the ability to ensure the health of our future older Americans. According to *America's Health Rankings® Senior Report*, the projected increase between 2015 and 2030 in the population aged 65 and older ranges from a relatively low increase of 29 percent in West Virginia to a 100 percent increase, or a doubling, of the older population in Arizona. While the coming demographics has been predicted for more than a decade, as a nation, we are woefully unprepared to deal with one specific and dangerous public health issue facing our seniors — the problem of elder abuse.

Elder abuse is a significant public health and human rights problem. The most recent data available on the prevalence of elder abuse suggests that at least 10 percent of older Americans — approximately 5 million persons — experience emotional, physical, or sexual abuse and neglect each year, and many of them experience it in multiple forms.[1] Older persons are also vulnerable to financial abuse; 5 percent are victims of financial exploitation at the hands of a family member, while other data suggest the percentage of seniors exploited or defrauded by strangers is even higher.[1,2] The financial loss associated with elder financial abuse alone was estimated to be at least $2.9 billion in 2010, a figure which will likely grow as the number of Americans aged 65 and older increases.[2,3]

Abuse, both physical and financial, takes a sizeable toll on the health and well-being of our nation's seniors. On average, older people have more chronic diseases and access the health care system at higher rates than other age groups. Older adults who are victims of violence have additional health care problems and higher premature mortality rates than non-victims. Older victims of even modest forms of abuse have dramatically (300 percent) higher morbidity and mortality rates than non-abused older people.[4] Research has also

1. Acierno R, Hernandez MA, Amstadter AB, et al. Prevalence and correlates of emotional, physical, sexual, and financial abuse and potential neglect in the United States: the National Elder Mistreatment Study. *Am J Public Health*. 2010;100:292-297.
2. MetLife. The MetLife study of elder financial abuse: crimes of occasion, desperation, and predation against *America's elders. https://www.metlife.com/assets/cao/mmi/pu*blications/studies/2011/mmi-elder-financial-abuse.pdf. Published June 2011. Accessed September 19, 2013.
3. Federal Interagency Forum on Aging-Related Statistics. Older Americans 2012: Key Indicators of Well-Being. Federal Interagency Forum on Aging-Related Statistics, Washington, DC: US Government Printing Office. July 2012.
4. Lachs MS, Williams CS, O'Brien S, Pillemer KA, Charlson, ME. The Mortality of Elder Mistreatment. *JAMA*. 1998; 280:428-432.

demonstrated that older adults who are victims of violence have more health care problems than other older adults, including increased bone or joint problems, digestive problems, depression or anxiety, chronic pain, high blood pressure, and heart problems.[5,6,7,8,9,10] In addition, victims of elder abuse have significantly higher levels of psychological distress and lower perceived self-efficacy than older adults who have not been victimized.[11] For older victims of sexual violence the negative health impacts of abuse are even more pronounced. One study found that 12.7 percent of older women in the study group reported a history of sexual assault, all of whom experienced significantly increased risks of breast cancer and arthritis, with those who experienced repeated violence up to 4 times more likely to develop these chronic conditions than women who were never abused.[10]

Not only will older victims of violence be accessing the health care system more, they will be incurring higher health care expenditures than non-victims will. The Agency for Healthcare Research and Quality estimated that $1.9 trillion, or 16 percent of the US gross domestic product, was spent on health care in 2004. It was estimated that $6,280 was spent per person, but that individuals with chronic health problems generate the greatest financial burden on the health care system and account for a disproportionate amount of overall spending. The elderly (aged 65 and older) consumed 36 percent of total US personal health care expenses in 2002, and the average health care expense was $11,089 per year. Of all conditions, trauma ranked as the second most expensive condition in terms of total health care spending.[12]

There is a personal cost, as well. Abuse, neglect, and exploitation threaten seniors' independence, undermine their dignity, and imperil their physical and financial safety. Considering these factors together—the threat to human dignity and safety, higher utilization rates of health care services by older adults, higher rates of chronic conditions for victims of abuse, and higher treatment costs for both trauma and chronic conditions—we are faced with a human rights, public health, and economic imperative to prevent elder abuse, neglect, and exploitation.

Crafting effective, evidence-based prevention and intervention programs to address this burgeoning problem is predicated on the existence of solid

Older adults who are victims of violence have additional health care problems and higher premature mortality rates than non-victims.

5. Bitondo Dyer C, Pavlik VN, Murphy KP, Hyman DJ. The high prevalence of depression and dementia in elder abuse or neglect. *J Am Geriatr Soc.* 2000; 48:205-208.
6. Burt M, Katz B. Rape, robbery, and burglary: responses to actual and feared criminal victimization, with special focus on women and the elderly. *Victimology: An International Journal*. 1985;10:325-358.
7. Mouton CP, Espino DV. Problem-orientated diagnosis: health screening in older women. *Am Fam Physician*. 1999; 59:18-35.
8. Fisher BS, Regan SL. The extent and frequency of abuse in the lives of older women and their relationship with health outcomes. *Gerontologist*. 2006;46:200-209.
9. Coker A, Davis K, Arias I, et al. Physical and mental health effects of intimate partner violence for men and women. *Am J Prev Med*. 2002; 23:260-268.
10. Stein M, Barrett-Connor E. Sexual assault and physical health: findings from a population-based study of older adults. *Psychosom Med*. 2000;62:838-843.
11. Comijs HC, Penninx BWJH, Knipscheer KPM, and van Tilburg W. Psychological distress in victims of elder mistreatment: the effects of social support and coping. *Journal of Gerontology,* 1999; 54B:240-245.
12. Stanton MW, Rutherford MK. *The High Concentration of US Health Care Expenditures*. Rockville, MD: Agency for Healthcare Research and Quality. http://www.ahrq.gov/research/findings/factsheets/costs/expriach/index.html. Published June 2006. Accessed May 4, 2012.

empirical data. Unfortunately, collecting data on elder abuse is hampered by a number of challenges.

First, elder abuse encompasses a myriad of different types of abuse, including physical abuse, sexual abuse, neglect, financial exploitation, and emotional or psychological abuse. Some states and federal statutes also include self-neglect — instances where an older person fails to meet his or her own physical, psychological, or social needs — as a specific category of abuse.[13] There is currently no comprehensive federal law to provide a unifying set of definitions or practice standards. Therefore, state and local governments have created programs whose interventions reflect the unique parameters of their state authorizing legislation. As a result, historically it has been nearly impossible to gather consistent, national data that could inform the development of best practices for prevention.

Second, gathering good data across such a wide variety of abuse types is complicated by the insidious nature of abuse against the elderly. Similar to domestic violence, elder abuse often takes place in a private residence, with the majority of incidents perpetrated by family members or persons who are familiar to the elder.[14] In addition to the fact that most elder abuse is hidden from view, many elder abuse incidents also go unreported, with as few as 1 out of every 23 cases of abuse of an older person coming to the attention of a criminal justice or social service agency.[15] Yet, unlike domestic violence, elder abuse is not a widely recognized problem and therefore has not been the specific focus of public health detection, intervention, or surveillance efforts.[16]

Making the Case for More and Better Data on Elder Abuse

Federal, state, and local government agencies, private sector health care and social service providers, and academia lack basic information about elder abuse. We do not have a comprehensive estimate of the number of older adults who are victims of abuse, neglect, or exploitation, we have limited information about the characteristics of elder abuse perpetrators, and we know relatively little about risk factors associated with elder abuse or the outcomes experienced by victims. As a result, the ability to evaluate the effectiveness of primary and secondary prevention efforts or intervention protocols for elder abuse is limited.

Collecting more and better data about older Americans will increase understanding of elder abuse, and begin to close these gaps in the collective knowledge about the victims and perpetrators of abuse and exploitation. Specifically, more and better data from across the public health, social service, and criminal justice communities can provide answers to the broad questions below. This will substantially improve our ability to design prevention and response models that effectively address elder abuse, while maintaining the dignity and health of seniors.

What is the scope of the elder abuse problem in the United States? To understand whether federal, state, and local resources can adequately address the needs of older Americans who are victimized, we need to know how much elder abuse actually occurs in the United States. Through improved data collection, we can begin to clarify the scope of the elder abuse problem and develop a more thorough understanding of the experiences of elderly victims of abuse, neglect, and exploitation.

Who are the victims of elder abuse? Efforts aimed at better identifying elder abuse victims can benefit from more and better data on older persons generally. Each specific incident of elder abuse is characterized by a particular confluence of circumstances — the relationship of the victim to the perpetrator, the location where the abuse occurred, the nature of the victimization, the physical and mental health of the victim, injuries sustained and/or monetary loss experienced, etc. However, across a large number of incidents, patterns emerge that show stronger correlations between certain incident characteristics than others. Knowledge of these interrelationships can be used to improve the detection of elder abuse, for instance through the creation or improvement of risk assessment instruments and screening tools, or the implementation of early warning systems for patients or clients.

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13. Bonnie RJ, Wallace RB, eds. *Elder Mistreatment: Abuse, Neglect, and Exploitation in an Aging America.* Washington, DC: The National Academies Press; 2003.
14. Smith EL. Violent crime against the elderly reported by law enforcement in Michigan, 2005-2009. US Department of Justice, Washington, DC: June 2012.
15. Lifespan of Greater Rochester, Inc., Weill Cornell Medical Center of Cornell University & New York City Department for the Aging. *Under the Radar: New York State Elder Abuse Prevalence Study.* http://nyselderabuse.org/documents/ElderAbusePrevalenceStudy2011.pdf. Published May 2011. Accessed September 19, 2013.
16. Government Accountability Office. *Elder Justice: More Federal Coordination and Public Awareness Needed.* http://www.gao.gov/assets/660/655820.pdf. Published July 2013. Accessed September 19, 2013.

Who is most at risk for elder abuse? To provide appropriate supports for seniors who are abused, we need to understand who is at risk for particular types of elder abuse. Data on the nature of elder abuse victimizations can provide information on factors that increase the risk for elder abuse, particularly risk factors associated with polyvictimization and revictimization. In addition, it can shed light on factors that protect older victims from some of the more serious negative health ramifications of abuse.

How can we ensure the most positive outcome for victims? Despite the growing body of evidence on the negative impacts of abuse, there is a significant lack of evidence and data about effective methods and practices to prevent elder abuse. Not only is there a dearth of tested prevention models, but multi-component and multi-sectoral interventions are also generally lacking across state systems. Data can provide the basis for crafting interventions and delivering services which provide the most appropriate outcome and benefit for the victim.

Taking Steps to Improve Data on Elder Abuse

In response to the pressing need for current and more comprehensive data on elder abuse, the federal government has engaged in several data collection activities. For example, the US Department of Health and Human Services (HHS) is working to establish a national reporting system that will capture data from state and local Adult Protective Services (APS) agencies across the country. These data will provide information on elder abuse reported to APS, which will improve our understanding of the scope of elder abuse and who the victims are, as well as aid in assessing the resources needed by APS systems to respond effectively to abuse incidents.

Additionally, the Centers for Medicare and Medicaid Services (CMS) in HHS, through its Elder Maltreatment Initiative, is leading an effort to promote the use of elder abuse screening tools by primary care physicians and other clinicians who interact with elderly patients. Data on the use of these screening tools would provide information not only on elder abuse victims, but also on non-victims' information which could help us understand more about risk and protective factors associated with elder abuse.

Finally, the US Department of Justice is engaged in preliminary efforts to measure victimization, including neglect and financial abuse, of elderly and disabled adults who reside in nursing homes, assisted living facilities, and other group quarters settings. Seniors residing in these settings are often not included in traditional estimates of elder abuse, as those are often based on surveys of households. Given that the population of seniors in nursing homes and assisted living facilities has a higher rate of cognitive impairment, these data will provide an opportunity to examine the impact of impairment on the risk for, and outcomes of, abuse or exploitation.

Role of the Health Care Community

Although inroads are being made to improve data collection on elder abuse, we know the efforts of the federal government will not be enough to fill in all the gaps in our collective knowledge about this problem. We need the health care community's help to devise new and innovative ways to comprehensively measure the abuse, neglect, and exploitation experienced by the elderly. Only with improved measurement and surveillance of this issue can we really understand the impact of abuse on the health and safety of older Americans, and reduce health care costs.

Silently, underneath this data, is another truth. In the US, the number of older people is rapidly growing. Predictions indicate that by 2025 the global population of adults aged 60 and older will double to 1.2 billion. Within 20 years, it is estimated that, for the first time in history, the number of older adults will exceed the number of children. As we see more older people, we will see more elder abuse. What do we owe to the 1.2 billion individuals whose life work brought forth the advances in technology, health, science, arts, and life that we take for granted each and every day? As Assistant Secretary for Aging, this issue has become a personal imperative for me, a priority that rises above all others. I must help address and end elder abuse. I am committed to that goal every day, every week. My commitment to our elders is to not be silent. To raise this issue, I need your help. For despite all of our strategies to help seniors maintain the right to make their own choices, to live independently, and to participate fully and actively in community life, those efforts continue to be undermined by the experience of abuse, neglect, and financial exploitation.

Introduction

In 2011, the first of more than 70 million baby boomers turned 65, marking the beginning of a tremendous demographic shift in the US population. Today, more than 1 in 8 Americans are aged 65 or older.[1] By the year 2050, this age group is projected to more than double in size, from 40.3 million to 88.5 million.[2] The increasing number of older adults, combined with increasing rates of obesity, diabetes, and other chronic diseases, are on track to overwhelm our health care system. The pressure that this demographic shift places on the nation is not evenly distributed among the states, with some states expecting many more aging baby boomers than others.

Seniors are the largest consumers of health care as the process of aging brings upon the need for more frequent use.[3] Adults aged 65 and older spend nearly twice as much as 45 to 64 year olds on health care each year. They spend 3 to 5 times more than all adults younger than 65.[4] The health needs of older adults are not only more costly but also vastly different from the younger population. Nearly 80 percent of seniors have already been diagnosed with at least 1 chronic condition and half have been diagnosed with at least 2 conditions.[5] The widespread prevalence of chronic disease among older adults leads to increased visits to health professionals, more medications prescribed, and a decline in overall well-being and quality of life. If our nation's seniors are unhealthy, can we be healthy as a society?

As seniors age, challenges such as limited mobility, social isolation, and the need for long-term care become increasingly common. These issues extend far beyond the health care system, as they encompass the ability of communities to accommodate limited-mobility residents and that of families and communities to provide long-term care.

1. US Census Bureau. State and county quickfacts. http://quickfacts.census.gov/qfd/states/00000.html. Updated March 27, 2014. Accessed March 31, 2014.
2. Vincent GK, Velkoff VA. *The Next Four Decades the Older Population in the United States: 2010 to 2050.*Current Population Reports. US Census Bureau, May 2010.
3. Alemayehu B,Warner KE. The lifetime distribution of health care costs. *Health Services Research.* 2004;39(3):627-642.
4. Centers for Disease Control and Prevention. Public health and aging: Trends in aging—United States and worldwide. *MMWR.* 2003;52(06):101-106.
5. Centers for Disease Control and Prevention & The Merck Company Foundation. *The State of Aging and Health in America 2007.* Whitehall Station, NJ: The Merck Company Foundation; 2007.

Purpose

By assessing the current status of senior health, communities, governments, individuals, and other organizations can build awareness of the breadth of issues facing our seniors—and, by extension, our communities—and learn where and how to take action to improve the health of our current and future seniors. In particular, it is intended to promote widespread awareness of where states stand on important public health measures and will drive action towards activities shown to improve population health.

Objectives

The objectives of this project are fivefold:

1) Act as a catalyst for a comprehensive, balanced, and data-driven discussion of senior health in this country.
2) Provide a robust snapshot of the overall health of the population aged 65 years and older in all 50 states, including how states match up against each other and the nation as a whole.
3) Focus attention on the indicators that have the most potential to improve senior health and drive change in a positive direction.
4) Produce regular updates so progress and challenges of senior health can be gauged over time, using the 2013 Edition as a baseline.
5) Provide a means for action by the general public, health professionals, and policymakers.

Process

To develop *America's Health Rankings® Senior Report,* a panel of experts in senior health was charged with identifying the areas of health and well-being most pertinent to the older adult population and creating a model for assessing population health at a state level. Prior to releasing the 2014 Edition, the panel convened again to review the model and measures. For details on this process, see *Methodology* on page 22.

Audience

The intent is to amplify currently available public statistics and to consolidate the flood of information into an easily digestible format for a variety of audiences, including:

1) The general public: Provide an easy-to-use resource that allows the public to understand the components of overall population health for those aged 65 and older, measure how their state compares to other states, and learn what they can do to improve health.
2) Health professionals: Provide the information and resources that individuals and organizations need to effect positive change. This should encompass public health and the delivery system for senior health ("delivery system" is intended in the broadest sense—a mobility service in a community, an in-home nutrition service, or a health care clinic).
3) Policymakers: Provide a platform for policymakers to share their successes and challenges in creating an environment where individuals, communities, businesses, and government programs can positively impact senior health. Focus on providing best practices that can be leveraged across states.
4) Media: Help media understand the complex issues underlying senior health and provide them with the resources to report on this story, with a particular focus on disseminating best practices and solutions.

Findings

Senior Report Results

America's Health Rankings® Senior Report shows Minnesota at the top of the list of healthiest states for older adults for the second consecutive year. Hawaii is ranked second and New Hampshire is third, followed by Vermont and Massachusetts. Mississippi is ranked 50th as the least healthy state for older adults while Louisiana, Kentucky, Oklahoma, and Arkansas complete the bottom 5 states. Table 1 displays the overall ranking results alphabetically by state and by rank.

Note that due to additional research and user feedback from the inaugural edition of the *Senior Report,* one metric, highly-rated nursing homes (number of beds per 1,000 adults aged 75 and older rated 4 and 5 stars), was changed to nursing home quality (percentage of nursing home beds rated 4 or 5 stars) for this second Edition. Using the new metric, the states were reranked in the inaugural edition to allow for comparision between editions.

Minnesota's strengths include ranking first for all health determinants combined, which includes ranking in the top 5 states for a high rate of annual dental visits, a high percentage of volunteerism, a high percentage of quality nursing home beds, a low percentage of marginal food insecurity, a high percentage of prescription drug coverage, and ready availability of home health care workers. Minnesota also ranks second for all health outcomes combined, including ranking in the top 5 states for a low rate of hospitalization for hip fractures, a high percentage of able-bodied seniors, a low premature death rate, a low prevalence of full-mouth tooth extractions, and few poor mental health days per month. Minnesota's challenges are low community support expenditures and a low percentage of older adults with a dedicated health care provider. For comparison, Minnesota ranked 3rd overall in the 2013 Edition of *America's Health Rankings®*, which ranks the relative health of the entire state population. For further details on Minnesota's senior ranking, see the state snapshot on page 73 or visit www.americashealthrankings.org/senior/MN.

The next 4 highest ranked states after Minnesota scored in the top 6 for all health determinants combined. These states rank among the top 10 for many individual metrics and rarely rank in the bottom 10. They are consistently among the top states for the categories of behaviors, community & environment, and outcomes. The top 5 states have different mixtures of strengths and weaknesses, indicating that they achieve their healthy state ranks through a variety of approaches.

Minnesota's strengths include ranking first for all health determinants combined.

Mississippi ranks in the bottom 5 states for 14 of the 34 measures, including ranking last for a high percentage of seniors in poverty, a low percentage of seniors who report very good or excellent health, a low percentage of able-bodied seniors, and a high premature death rate. Mississippi ranks 50th for all health determinants combined, so its overall ranking is unlikely to change significantly in the near future. Mississippi ranks well for a low prevalence of chronic drinking and high flu vaccination coverage. For comparison, Mississippi also ranked 50th overall in the 2013 Edition of *America's Health Rankings®*. For further details on Mississippi's senior ranking, see the state snapshot on page 74 or visit www.americashealthrankings.org/senior/MS.

Similar to the top ranked states, the states that rank in the bottom 5 states for overall health also rank in the bottom 5 for all health determinants combined.

Table 1
Overall Rankings

*Scores presented in the tables indicate the weighted number of standard deviation units a state is above or below the national norm. For example, Minnesota, with a score of 0.816, is almost 1 standard deviation unit above the national norm. Mississippi, with a score of -0.900, is almost 1 standard deviation below the national average.

ALPHABETICAL BY STATE

RANK	STATE	SCORE*
44	Alabama	-0.469
36	Alaska	-0.190
23	Arizona	0.134
46	Arkansas	-0.665
18	California	0.210
6	Colorado	0.505
12	Connecticut	0.370
9	Delaware	0.392
28	Florida	0.029
40	Georgia	-0.345
2	Hawaii	0.624
25	Idaho	0.073
35	Illinois	-0.176
37	Indiana	-0.193
13	Iowa	0.366
17	Kansas	0.223
48	Kentucky	-0.758
49	Louisiana	-0.838
14	Maine	0.269
11	Maryland	0.371
5	Massachusetts	0.531
20	Michigan	0.174
1	Minnesota	0.816
50	Mississippi	-0.900
39	Missouri	-0.279
30	Montana	-0.064
16	Nebraska	0.233
42	Nevada	-0.389
3	New Hampshire	0.567
24	New Jersey	0.079
38	New Mexico	-0.214
32	New York	-0.087
29	North Carolina	-0.042
18	North Dakota	0.210
31	Ohio	-0.069
47	Oklahoma	-0.718
8	Oregon	0.398
22	Pennsylvania	0.146
26	Rhode Island	0.069
34	South Carolina	-0.140
27	South Dakota	0.043
43	Tennessee	-0.414
41	Texas	-0.373
7	Utah	0.501
4	Vermont	0.533
21	Virginia	0.167
15	Washington	0.237
45	West Virginia	-0.584
10	Wisconsin	0.383
33	Wyoming	-0.125

RANK BY STATE

RANK	STATE	SCORE*
1	Minnesota	0.816
2	Hawaii	0.624
3	New Hampshire	0.567
4	Vermont	0.533
5	Massachusetts	0.531
6	Colorado	0.505
7	Utah	0.501
8	Oregon	0.398
9	Delaware	0.392
10	Wisconsin	0.383
11	Maryland	0.371
12	Connecticut	0.370
13	Iowa	0.366
14	Maine	0.269
15	Washington	0.237
16	Nebraska	0.233
17	Kansas	0.223
18	California	0.210
18	North Dakota	0.210
20	Michigan	0.174
21	Virginia	0.167
22	Pennsylvania	0.146
23	Arizona	0.134
24	New Jersey	0.079
25	Idaho	0.073
26	Rhode Island	0.069
27	South Dakota	0.043
28	Florida	0.029
29	North Carolina	-0.042
30	Montana	-0.064
31	Ohio	-0.069
32	New York	-0.087
33	Wyoming	-0.125
34	South Carolina	-0.140
35	Illinois	-0.176
36	Alaska	-0.190
37	Indiana	-0.193
38	New Mexico	-0.214
39	Missouri	-0.279
40	Georgia	-0.345
41	Texas	-0.373
42	Nevada	-0.389
43	Tennessee	-0.414
44	Alabama	-0.469
45	West Virginia	-0.584
46	Arkansas	-0.665
47	Oklahoma	-0.718
48	Kentucky	-0.758
49	Louisiana	-0.838
50	Mississippi	-0.900

National Changes since 2013 Edition

Nationally, several metrics improved in the last year, indicating bettering health for seniors throughout the United States. Most notably, more seniors are active, pursue preferred options for end-of-life care, avoid preventable hospitalizations, and have access to improved quality nursing home care. Conversely, a few measures indicate increased challenges to overall health, including a decrease in flu vaccination coverage and an increase in food insecurity. Table 2 outlines national successes and challenges over the past year.

Determinants and Outcomes

The 34 measures that comprise *America's Health Rankings® Senior Report* are of 2 types — determinants and outcomes. Determinants represent those actions that can affect the future health of the population, whereas outcomes represent what has already occurred either through death or disease.

For a state to improve the health of its older adult population, efforts must focus on changing the determinants of health. If a state is significantly better in its score for determinants than its score for outcomes, it will likely improve its overall health ranking in the future. Conversely, if a state is worse in its score for determinants than its score for outcomes, its overall health ranking will likely decline over time.

Table 3 presents the overall score for the determinants, outcomes, and their implications for the future. If the difference is positive, the future overall ranking is more likely to improve; if it is neutral, the future overall ranking will probably stay the same; or if it is negative, the future overall ranking is more likely to decline.

When compared to other states, Vermont, Minnesota, and Utah have a much higher score for determinants than for outcomes, providing a strong indication overall health will improve over time. Louisiana, Nevada, Mississippi, and Oklahoma have a higher outcomes score than determinants score, indicating overall health may decline over time compared to other states.

Determinants

There are 4 categories of health determinants: behaviors, community and environment, policy, and clinical care. These 4 groups of measures influence health outcomes of the older adult population in a state, and improving these inputs will improve outcomes over time.

Most measures are influenced by all 4 categories. For example, the prevalence of smoking is a behavior strongly influenced by the community and environment in which we live, by public policy including taxation and restrictions on smoking in public places, and by the care received to treat the chemical and behavioral addictions associated with tobacco. However, for simplicity, we place each measure into a single category.

BEHAVIORS

Behaviors are potentially modifiable through a combination of personal, community, and clinical interventions. This category includes measures for smoking, chronic drinking, obesity, underweight, physical inactivity, dental visits, and pain management. These behaviors can have both immediate and delayed effects on the health of older adults.

Table 2
National Successes and Challenges—Changes Since 2013 Edition

SUCCESSES	CHANGES
Physical Inactivity	The prevalence decreased from 30.3 percent to 28.7 percent of seniors.
Geriatrician Shortfall	The percentage decreased from 65.6 percent to 58.9 percent of needed geriatricians.
Hospice Care	The percentage increased from 36.7 percent to 47.5 percent of decedents aged 65 and older.
Hospital Deaths	The percentage decreased from 30.1 percent to 25.0 percent of decedents aged 65 and older.
Preventable Hospitalizations	The number of discharges decreased from 66.6 to 64.9 discharges per 1,000 Medicare beneficiaries.
Nursing Home Quality	The percentage increased from 42.0 percent to 46.8 percent of beds rated 4 or 5 stars.
CHALLENGES	
Food Insecurity	The percentage increased from 13.6 percent to 14.3 percent of adults aged 60 and older.
Flu Vaccine	The percentage decreased from 60.6 percent to 59.4 percent of adults aged 65 and older.

Table 3
Determinants and Outcomes

STATE	SCORE* FOR ALL DETERMINANTS	SCORE* FOR ALL OUTCOMES	INFLUENCE ON FUTURE OVERALL RANK
Alabama	-0.180	-0.289	Neutral
Alaska	-0.191	0.001	Negative
Arizona	0.013	0.121	Neutral
Arkansas	-0.409	-0.256	Negative
California	0.137	0.073	Neutral
Colorado	0.288	0.217	Neutral
Connecticut	0.176	0.194	Neutral
Delaware	0.286	0.106	Positive
Florida	0.044	-0.015	Neutral
Georgia	-0.214	-0.131	Neutral
Hawaii	0.330	0.294	Neutral
Idaho	0.034	0.039	Neutral
Illinois	-0.159	-0.017	Negative
Indiana	-0.073	-0.120	Neutral
Iowa	0.250	0.116	Positive
Kansas	0.180	0.043	Positive
Kentucky	-0.395	-0.363	Neutral
Louisiana	-0.595	-0.243	Negative
Maine	0.200	0.069	Positive
Maryland	0.239	0.132	Neutral
Massachusetts	0.339	0.192	Positive
Michigan	0.033	0.140	Neutral
Minnesota	0.526	0.290	Positive
Mississippi	-0.617	-0.283	Negative
Missouri	-0.111	-0.168	Neutral
Montana	-0.076	0.012	Neutral
Nebraska	0.124	0.109	Neutral
Nevada	-0.364	-0.025	Negative
New Hampshire	0.357	0.209	Positive
New Jersey	-0.013	0.092	Neutral
New Mexico	-0.148	-0.066	Neutral
New York	-0.096	0.009	Neutral
North Carolina	0.048	-0.090	Positive
North Dakota	0.052	0.158	Neutral
Ohio	0.000	-0.070	Neutral
Oklahoma	-0.484	-0.235	Negative
Oregon	0.211	0.187	Neutral
Pennsylvania	0.136	0.009	Positive
Rhode Island	-0.077	0.146	Negative
South Carolina	-0.020	-0.120	Neutral
South Dakota	-0.068	0.111	Negative
Tennessee	-0.185	-0.229	Neutral
Texas	-0.258	-0.115	Negative
Utah	0.365	0.136	Positive
Vermont	0.389	0.143	Positive
Virginia	0.108	0.059	Neutral
Washington	0.121	0.116	Neutral
West Virginia	-0.290	-0.293	Neutral
Wisconsin	0.129	0.254	Negative
Wyoming	-0.150	0.024	Negative

*Scores presented in this table indicate the weighted number of standard deviations a state is above or below the national norm.

Table 4
Behaviors
Highest and Lowest Ranked States

RANK	STATE	RANK	STATE
1	California	50	Louisiana
2	Hawaii	49	Alaska
3	Utah	48	Mississippi
4	Minnesota	47	Arkansas
5	Maryland	46	West Virginia
6	New Hampshire	45	Kentucky
7	Montana	44	Oklahoma
8	Massachusetts	43	Nevada
9	Colorado	42	Tennessee
10	Vermont	41	Georgia

Table 5
Community & Environment-Overall
Highest and Lowest Ranked States

RANK	STATE	RANK	STATE
1	Minnesota	50	Louisiana
2	New Hampshire	49	Texas
3	Idaho	48	Mississippi
4	Utah	47	Kentucky
5	Kansas	46	Georgia
6	Wyoming	45	New Mexico
7	Delaware	44	New York
8	Vermont	43	Nevada
9	Iowa	42	Rhode Island
10	Colorado	41	Alabama

The behaviors prove to be some of the most impactful measures in these rankings and shed light on the future health of older adults in the state. In the *Senior Report,* California ranks 1st for Behaviors, while Louisiana ranks 50th. Table 4 presents the top 10 and bottom 10 states of the behaviors category.

COMMUNITY AND ENVIRONMENT — OVERALL
Measures of community and environment reflect the daily conditions that influence a healthy lifestyle. These metrics can be modified through a concerted effort by the community and its elected officials, supported by state and federal agencies, professional associations, advocacy groups, and businesses. Minnesota ranks 1st for community and environment, while Louisiana ranks 50th. Table 5 presents the top 10 and bottom 10 states of the overall community and environment category.

Table 6
Community & Environment-Macro

RANK	STATE	RANK	STATE
1	Minnesota	50	Louisiana
2	Idaho	49	Texas
3	Utah	48	Kentucky
4	New Hampshire	47	Georgia
5	Kansas	46	West Virginia
6	Wisconsin	45	New Mexico
7	Colorado	44	Mississippi
7	Iowa	43	New York
7	Washington	42	Tennessee
10	Nebraska	41	Oklahoma

Table 7
Community & Environment-Micro
Highest and Lowest Ranked States

RANK	STATE	RANK	STATE
1	Massachusetts	50	Mississippi
2	Wyoming	49	Rhode Island
3	Vermont	48	Alabama
4	Delaware	46	South Carolina
5	New Hampshire	46	Nevada
6	Minnesota	45	Hawaii
7	Alaska	44	Texas
8	Virginia	43	California
9	Kansas	42	Louisiana
10	Idaho	41	Arkansas

In the *America's Health Rankings® Senior Report,* community and environment is further subdivided into 2 subcategories: macro and micro. Macro community and environment measures the larger community context of supporting the health of older adults in a state, whereas micro community and environment measures the immediate, mostly in-home, support that affects the personal context of health.

COMMUNITY AND ENVIRONMENT — MACRO
The macro subcategory of community and environment includes poverty, volunteerism, and quality nursing homes. Minnesota ranks 1st for macro community and environment, while Louisiana ranks 50th. Table 6 presents the top 10 and bottom 10 states of the macro community and environment subcategory.

COMMUNITY AND ENVIRONMENT — MICRO
The micro subcategory of community and environment includes social support, food insecurity, and community support. Massachusetts ranks 1st for micro community and environment, while Mississippi ranks 50th. Table 7 presents the top 10 and bottom 10 states of the micro community and environment subcategory.

POLICY
Measures included in the policy category are indicative of the availability of resources to support aging adults. This includes the percentages of low-care nursing home residents, prescription drug coverage, and geriatrician shortfall. Hawaii ranks 1st for policy, while Oklahoma ranks 50th. Table 8 presents the top 10 and bottom 10 states of the policy category.

CLINICAL CARE
Clinical Care has the potential to enable people to live longer and healthier by treating and managing existing conditions and preventing others. Preventive and curative care must be delivered in an appropriate and timely manner in order for it to be most effective. Ten different measures are included in the clinical care category, including dedicated health care provider, recommended hospital care, flu vaccine, health screenings, diabetes management, home health care, preventable hospitalizations, hospital readmissions, hospice care, and hospital deaths. These clinical care measures provide information about the availability, utilization, and efficacy of clinical care. Delaware ranks 1st for clinical care, while Mississippi ranks 50th. Table 9 presents the top 10 and bottom 10 states of the clinical care category.

Outcomes

The outcomes category focuses on quality of life and well-being among older adults. Measures include ICU (Intensive Care Unit) usage, falls, hip fractures, health status, able-bodied, premature death, teeth extractions, and mental health days. These measures represent outcomes from current or prior behaviors and clinical care and from community, environment, and policy influences. Hawaii ranks 1st for outcomes, while Kentucky ranks 50th. Table 10 presents the top 10 and bottom 10 states of the outcomes category.

Table 8
Policy
Highest and Lowest Ranked States

RANK	STATE	RANK	STATE
1	Hawaii	50	Oklahoma
2	Pennsylvania	49	Wyoming
3	New York	48	Montana
4	Maine	47	Louisiana
5	Massachusetts	46	Mississippi
6	Vermont	45	Kansas
7	Minnesota	44	Illinois
8	North Carolina	43	Idaho
9	Maryland	42	Alaska
10	North Dakota	41	Arkansas

Table 9
Clinical Care
Highest and Lowest Ranked States

RANK	STATE	RANK	STATE
1	Delaware	50	Mississippi
2	Iowa	49	Kentucky
3	Minnesota	48	Nevada
4	Utah	47	Wyoming
5	Maine	46	Arkansas
5	New Hampshire	45	Oklahoma
7	Vermont	43	West Virginia
8	Wisconsin	43	South Dakota
9	Colorado	42	New York
10	Oregon	41	Alaska

Table 10
Outcomes
Highest and Lowest Ranked States

RANK	STATE	RANK	STATE
1	Hawaii	50	Kentucky
2	Minnesota	49	West Virginia
3	Wisconsin	48	Alabama
4	Colorado	47	Mississippi
5	New Hampshire	46	Arkansas
6	Connecticut	45	Louisiana
7	Massachusetts	44	Oklahoma
8	Oregon	43	Tennessee
9	North Dakota	42	Missouri
10	Rhode Island	41	Georgia

Health Disparities within States

For a population to be healthy, it must minimize health inequities among segments of the population, including differences that occur by gender, race/ethnicity, education, income, disability, geographic location, or sexual orientation.

The statewide measures used in *America's Health Rankings® Senior Report* reflect the condition of the "average" older adult and can mask differences within the state. When the measures are examined by race/ethnicity, gender, geographic location, and/or economic status, startling differences can emerge that are important for states to recognize.

The *Senior Report* does not contain an explicit health disparity measure. Instead, a few individual measures are examined by race/ethnicity, gender, urbanicity, education, and income to illustrate variation within states. Obesity, physical inactivity, and health status were examined in this Edition.

Prevalences were not calculated for all race/ethnicity groups in states with small populations of specific race/ethnicities. Race/ethnicity groups with less than 100 observations were excluded.

For the United States, the prevalences of obesity, physical inactivity, and health status by gender, race/ethnicity, urbanicity, education, and income are shown in Table 11. For obesity and physical inactivity, a lower rate is better. For health status, a higher rate is better. Differences for each state in obesity, physical inactivity, and health status can be viewed at www.americashealthrankings.org/ALL/obesity_sr/disparities, www.americashealthrankings.org/ALL/physical_inactivity_sr/disparities, and www.americashealthrankings.org/ALL/health_status_sr/disparities, respectively.

Obesity among non-Hispanic Asian seniors (7.6 percent) is dramatically lower than non-Hispanic black seniors (35.5 percent), non-Hispanic American Indian/Alaskan Native seniors (32.7 percent), Hispanic seniors (30.2 percent), and non-Hispanic white seniors (24.9 percent). If obesity is viewed through an educational attainment lens, fewer older adults with a college degree are obese (20.4 percent) than those with less than a high school degree (32.2 percent). There is also an 8.6 percent difference in obesity rates between seniors in the highest and lowest income groups.

The largest gap in physical inactivity is between older adults with less than a high school degree (45.4 percent inactive) and those with a college degree (16.8 percent inactive). The racial differences in physical inactivity among seniors mirror the racial differences in obesity among seniors.

The outcomes measure, health status, is strongly divided along income lines. Over 60 percent of older adults in the highest income group indicate that their health is very good or excellent. In contrast, slightly more than one-quarter of seniors in the lowest income group report that their health is very good or excellent. A similar gap is visible between seniors in the highest and lowest educational attainment groups.

Tables 12 – 14 show the 2 subgroups with the largest differences in obesity, physical inactivity, and health status within each state. This illustrates the unique situation each state faces in addressing health and the need to focus on certain segments of the population in which health inequities are largest. For example, in Alabama the largest disparity in obesity (Table 12) is between non-Hispanic whites and non-Hispanic blacks. In Colorado, the largest difference in obesity is between college graduates and those without a high school education.

The largest gap in physical inactivity is between older adults with less than a high school degree and those with a college degree.

Table 11
Prevalences of Obesity, Physical Inactivity, and Health Status by Gender, Race/Ethnicity, Urbanicity, Education, and Income Among Adults Aged 65 and Older

	OBESITY	PHYSICAL INACTIVITY	HEALTH STATUS
GENDER			
Male	26.2	27.2	39.3
Female	25.5	34.3	40.4
RACE/ETHNICITY			
White	24.9	30.4	43.3
Black	35.5	37.7	26.2
Hispanic	30.2	34.5	23.3
Asian	7.6	19.8	36.0
Hawaiian/ Pacific Islander	20.0	22.7	36.1
American Indian/ Alaskan Native	32.7	40.6	26.6
URBANICITY			
Urban residents	24.5	29.4	40.3
Suburban residents	25.6	30.1	41.8
Non-MSA residents (rural)	27.1	35.4	36.5
EDUCATION			
Less than high school	32.2	45.4	19.7
High school	26.4	36.3	36.2
Some college	25.6	27.4	44.8
College graduate	20.4	16.8	55.9
INCOME			
Less than $25,000	29.6	41.1	26.4
$25,000 to less than $50,000	26.5	29.4	40.7
$50,000 to less than $75,000	25.4	21.8	50.7
$75,000 or more	21.0	16.5	62.0

Note: All persons of Hispanic ethnicity are included in the Hispanic category regardless of race and are not included as part of individual race categories. See *Methodology* on page 24 for a description of how groups were defined and selected.

Table 12
Groups with Greatest Disparity in Obesity Prevalence in Adults Aged 65 and Older by State

	LOWEST PREVALENCE		HIGHEST PREVALENCE		
	GROUP	RATE	GROUP	RATE	GAP
Alabama	White	25.3	Black	35.0	9.8
Alaska	Female	22.9	Male	30.6	7.7
Arizona	High school graduate	19.9	Less than HS graduate	37.8	17.9
Arkansas	$50,000 to <$75,000 income	15.5	Less than $25,000 income	29.9	14.4
California	Asian	8.2	Black	32.0	23.8
Colorado	College graduate	15.0	Less than HS graduate	30.1	15.1
Connecticut	College graduate	18.7	Less than HS graduate	37.9	19.2
Delaware	White	24.1	Black	39.1	15.0
Florida	White	21.1	Black	32.8	11.8
Georgia	White	23.7	Black	33.2	9.5
Hawaii	Asian	7.8	White	19.7	11.9
Idaho	College graduate	19.6	Less than HS graduate	34.2	14.5
Illinois	More than $75,000 income	25.8	$50,000 to <$75,000 income	34.4	8.5
Indiana	College graduate	25.2	Some college	34.8	9.6
Iowa	College graduate	21.6	High school graduate	32.7	11.1
Kansas	White	25.7	Black	34.7	9.0
Kentucky	White	28.4	Black	43.8	15.4
Louisiana	White	26.4	Black	45.0	18.6
Maine	College graduate	17.1	Less than HS graduate	33.2	16.1
Maryland	College graduate	20.5	Less than HS graduate	33.3	12.8
Massachusetts	White	21.5	Black	44.3	22.8
Michigan	White	28.3	Black	41.1	12.8
Minnesota	College graduate	21.1	Less than HS graduate	32.8	11.7
Mississippi	White	26.2	Black	39.9	13.6
Missouri	More than $75,000 income	17.6	Less than $25,000 income	34.5	16.9
Montana	White	22.0	American Indian / Alaska Native	40.4	18.4
Nebraska	College graduate	22.8	Some college	28.9	6.0
Nevada	College graduate	14.9	Less than HS graduate	39.2	24.3
New Hampshire	College graduate	21.7	Less than HS graduate	33.3	11.6
New Jersey	College graduate	19.4	Less than HS graduate	41.5	22.1
New Mexico	College graduate	15.6	Less than HS graduate	29.0	13.4
New York	College graduate	17.7	Less than HS graduate	46.5	28.8
North Carolina	White	24.0	Black	36.4	12.3
North Dakota	College graduate	17.0	Less than HS graduate	35.6	18.6
Ohio	College graduate	24.3	Some college	31.0	6.6
Oklahoma	White	26.5	American Indian / Alaska Native	34.6	8.1
Oregon	College graduate	18.1	Less than HS graduate	39.1	21.0
Pennsylvania	College graduate	21.2	Less than HS graduate	33.0	11.8
Rhode Island	More than $75,000 income	17.1	$25,000 to <$50,000 income	30.2	13.1
South Carolina	College graduate	18.8	Less than HS graduate	37.4	18.7
South Dakota	$50,000 to <$75,000 income	23.4	More than $75,000 income	38.5	15.1
Tennessee	College graduate	20.2	Less than HS graduate	29.2	9.0
Texas	White	23.8	Hispanic	37.0	13.1
Utah	More than $75,000 income	23.3	$25,000 to <$50,000 income	28.6	5.3
Vermont	College graduate	18.3	Less than HS graduate	31.7	13.4
Virginia	College graduate	18.0	Less than HS graduate	34.9	16.9
Washington	College graduate	20.4	Less than HS graduate	32.6	12.1
West Virginia	College graduate	21.5	Some college	31.9	10.4
Wisconsin	More than $75,000 income	21.8	$50,000 to <$75,000 income	39.7	17.9
Wyoming	$50,000 to <$75,000 income	16.9	Less than $25,000 income	22.3	5.4
United States	Asian	7.6	Black	35.5	27.9
District of Columbia	White	11.5	Black	24.8	13.3

Note: All persons of Hispanic ethnicity are included in the Hispanic category regardless of race and are not included as part of individual race categories. See *Methodology* on page 24 for a description of how groups were defined and selected.

Table 13
Groups with Greatest Disparity in Physical Inactivity Prevalence in Adults Aged 65 and Older by State

	LOWEST PREVALENCE		HIGHEST PREVALENCE		
	GROUP	RATE	GROUP	RATE	GAP
Alabama	More than $75,000 income	15.6	Less than $25,000 income	38.4	22.8
Alaska	More than $75,000 income	11.2	Less than $25,000 income	40.2	28.9
Arizona	College graduate	18.1	Less than HS graduate	46.1	28.0
Arkansas	College graduate	22.4	Less than HS graduate	51.9	29.5
California	College graduate	13.8	Less than HS graduate	32.2	18.4
Colorado	College graduate	11.7	Less than HS graduate	37.5	25.8
Connecticut	College graduate	16.5	Less than HS graduate	50.1	33.5
Delaware	More than $75,000 income	18.5	Less than $25,000 income	48.7	30.2
Florida	College graduate	15.1	Less than HS graduate	44.7	29.6
Georgia	College graduate	17.5	Less than HS graduate	45.1	27.5
Hawaii	College graduate	16.0	Less than HS graduate	50.2	34.2
Idaho	College graduate	17.1	Less than HS graduate	47.0	29.9
Illinois	More than $75,000 income	21.9	Less than $25,000 income	42.3	20.3
Indiana	College graduate	21.2	Less than HS graduate	48.7	27.6
Iowa	College graduate	18.2	Less than HS graduate	47.7	29.5
Kansas	College graduate	17.6	Less than HS graduate	48.0	30.5
Kentucky	College graduate	23.0	Less than HS graduate	54.2	31.1
Louisiana	More than $75,000 income	18.8	Less than $25,000 income	43.6	24.7
Maine	College graduate	16.2	Less than HS graduate	53.1	36.8
Maryland	College graduate	19.6	Less than HS graduate	49.9	30.2
Massachusetts	College graduate	16.1	Less than HS graduate	41.3	25.1
Michigan	College graduate	15.6	Less than HS graduate	44.7	29.1
Minnesota	College graduate	16.4	Less than HS graduate	41.8	25.4
Mississippi	College graduate	21.6	Less than HS graduate	48.7	27.1
Missouri	College graduate	13.4	Less than HS graduate	42.8	29.4
Montana	College graduate	18.9	Less than HS graduate	48.4	29.5
Nebraska	College graduate	18.6	Less than HS graduate	43.5	24.8
Nevada	College graduate	18.9	Less than HS graduate	54.3	35.3
New Hampshire	College graduate	15.9	Less than HS graduate	51.2	35.3
New Jersey	College graduate	21.2	Less than HS graduate	52.0	30.8
New Mexico	College graduate	16.4	Less than HS graduate	47.0	30.6
New York	College graduate	19.3	Less than HS graduate	50.1	30.8
North Carolina	College graduate	18.0	Less than HS graduate	44.8	26.8
North Dakota	College graduate	23.7	Less than HS graduate	36.7	12.9
Ohio	College graduate	18.5	Less than HS graduate	50.1	31.6
Oklahoma	College graduate	24.5	Less than HS graduate	52.1	27.5
Oregon	College graduate	11.7	Less than HS graduate	48.8	37.1
Pennsylvania	College graduate	17.0	Less than HS graduate	50.7	33.7
Rhode Island	College graduate	15.4	Less than HS graduate	51.5	36.1
South Carolina	College graduate	14.6	Less than HS graduate	45.7	31.1
South Dakota	College graduate	20.8	Less than HS graduate	47.2	26.4
Tennessee	College graduate	20.2	Less than HS graduate	52.6	32.4
Texas	College graduate	13.7	Less than HS graduate	45.3	31.5
Utah	College graduate	17.2	Less than HS graduate	49.9	32.7
Vermont	College graduate	14.2	Less than HS graduate	44.1	29.9
Virginia	College graduate	14.8	Less than HS graduate	44.1	29.3
Washington	College graduate	16.2	Less than HS graduate	44.5	28.4
West Virginia	College graduate	18.3	Less than HS graduate	48.7	30.5
Wisconsin	College graduate	16.3	Less than HS graduate	50.2	33.9
Wyoming	More than $75,000 income	19.2	Less than $25,000 income	42.5	23.3
United States	College graduate	16.8	Less than HS graduate	45.4	28.6
District of Columbia	College graduate	15.8	Less than HS graduate	53.6	37.8

Note: All persons of Hispanic ethnicity are included in the Hispanic category regardless of race and are not included as part of individual race categories. See *Methodology* on page 24 for a description of how groups were defined and selected.

Table 14
Groups with Greatest Disparity in Excellent or Very Good Health Status Prevalence in Adults Aged 65 and Older by State

	HIGHEST PREVALENCE		LOWEST PREVALENCE		
	GROUP	RATE	GROUP	RATE	GAP
Alabama	College graduate	49.6	Less than HS graduate	17.3	32.4
Alaska	More than $75,000 Income	58.5	Less than $25,000 Income	31.0	27.5
Arizona	More than $75,000 Income	67.4	Less than $25,000 Income	33.4	34.0
Arkansas	College graduate	45.7	Less than HS graduate	13.7	32.0
California	More than $75,000 Income	66.9	Less than $25,000 Income	27.7	39.2
Colorado	College graduate	60.8	Less than HS graduate	22.9	37.9
Connecticut	College graduate	62.3	Less than HS graduate	14.5	47.8
Delaware	College graduate	55.4	Less than HS graduate	16.2	39.2
Florida	College graduate	60.1	Less than HS graduate	14.5	45.6
Georgia	More than $75,000 Income	56.7	Less than $25,000 Income	22.5	34.2
Hawaii	College graduate	52.0	Less than HS graduate	23.9	28.1
Idaho	College graduate	56.9	Less than HS graduate	13.2	43.8
Illinois	More than $75,000 Income	64.0	Less than $25,000 Income	25.2	38.7
Indiana	More than $75,000 Income	62.7	Less than $25,000 Income	25.5	37.2
Iowa	College graduate	53.6	Less than HS graduate	23.4	30.1
Kansas	College graduate	57.3	Less than HS graduate	20.9	36.4
Kentucky	More than $75,000 Income	51.2	Less than $25,000 Income	19.3	31.9
Louisiana	College graduate	48.3	Less than HS graduate	16.2	32.0
Maine	College graduate	64.2	Less than HS graduate	25.5	38.7
Maryland	College graduate	56.2	Less than HS graduate	18.2	38.0
Massachusetts	College graduate	60.9	Less than HS graduate	25.1	35.8
Michigan	More than $75,000 Income	62.7	Less than $25,000 Income	31.6	31.2
Minnesota	College graduate	59.2	Less than HS graduate	25.2	34.0
Mississippi	$50,000 to $75,000 Income	48.5	Less than $25,000 Income	20.8	27.7
Missouri	More than $75,000 Income	55.9	Less than $25,000 Income	26.0	29.8
Montana	College graduate	63.2	Less than HS graduate	22.4	40.8
Nebraska	College graduate	57.7	Less than HS graduate	23.9	33.8
Nevada	More than $75,000 Income	63.6	Less than $25,000 Income	31.8	31.7
New Hampshire	College graduate	63.1	Less than HS graduate	22.7	40.4
New Jersey	More than $75,000 Income	56.4	Less than $25,000 Income	25.3	31.1
New Mexico	College graduate	57.2	Less than HS graduate	11.3	45.9
New York	College graduate	53.7	Less than HS graduate	18.2	35.5
North Carolina	College graduate	58.4	Less than HS graduate	15.4	43.0
North Dakota	College graduate	56.4	Less than HS graduate	20.3	36.1
Ohio	More than $75,000 Income	61.7	Less than $25,000 Income	25.7	35.9
Oklahoma	More than $75,000 Income	57.7	Less than $25,000 Income	23.8	33.9
Oregon	College graduate	59.1	Less than HS graduate	28.7	30.4
Pennsylvania	More than $75,000 Income	66.5	Less than $25,000 Income	26.8	39.7
Rhode Island	College graduate	61.8	Less than HS graduate	28.9	32.8
South Carolina	More than $75,000 Income	62.5	Less than $25,000 Income	20.9	41.5
South Dakota	More than $75,000 Income	64.4	Less than $25,000 Income	23.6	40.8
Tennessee	More than $75,000 Income	60.7	Less than $25,000 Income	20.5	40.3
Texas	More than $75,000 Income	59.1	Less than $25,000 Income	23.4	35.7
Utah	College graduate	52.6	Less than HS graduate	26.6	26.0
Vermont	College graduate	65.1	Less than HS graduate	31.7	33.5
Virginia	More than $75,000 Income	60.3	Less than $25,000 Income	31.2	29.1
Washington	College graduate	58.8	Less than HS graduate	20.7	38.1
West Virginia	More than $75,000 Income	64.5	Less than $25,000 Income	21.0	43.5
Wisconsin	More than $75,000 Income	72.1	Less than $25,000 Income	30.9	41.2
Wyoming	College graduate	58.5	Less than HS graduate	21.9	36.6
United States	College graduate	55.9	Less than HS graduate	19.7	36.2
District of Columbia	College graduate	60.3	Less than HS graduate	20.2	40.1

Note: All persons of Hispanic ethnicity are included in the Hispanic category regardless of race and are not included as part of individual race categories. See *Methodology* on page 24 for a description of how groups were defined and selected.

Methodology

Model Developmemt

The measures and model for *America's Health Rankings® Senior Report* were developed by a panel of experts in the field of senior health for the inaugural edition in 2013. The panel was charged with identifying the areas of health and well-being most pertinent to the older adult population and developing a model for assessing population health at a state level.

In March 2014, the panel convened by telephone and each measure included in the 2013 Edition was reviewed. Panelists recommended that the following items be considered:

1. Rename creditable drug coverage to a more descriptive name; the current name is confusing.
2. Include suicide rate among seniors as a measure of mental health and consider using it in place of mental health days.
3. Change highly-rated nursing homes from the number of 4 and 5 star beds per 1,000 adults aged 75 and older to the percentage of nursing home beds in a state that received a 4 or 5 star rating.
4. Replace pain management, which is the percentage of seniors with arthritis that report that their joint pain does not limit their usual activities, with a better measure of medication adherance or patient activation.
5. Identify improved measures relating to social isolation.
6. Explore elder abuse metrics, including such proxies as the variation in mandatory reporting in each state.
7. Separate community expenditures (based on Administration on Aging data) into subcategories to highlight the variation in utilization of different aspects of the programs, such as home-based health care spending.
8. Explore the inclusion of metrics related to overuse of clinical care, such as prostate cancer screening.
9. Measure out-of-pocket health care expenses for seniors.
10. Identify improved measures of diet and/or nutrition.

For the 2nd Edition, the first 3 suggestions were implemented. Creditable drug coverage was renamed prescription drug coverage. Suicide among seniors was added as a supplemental measure, and highly-rated nursing homes was replaced with nursing home quality. See www.americashealthrankings.org/seniorabout for a discussion of the impact of making these charges.

In addition to the changes made at the suggestion of the expert panel, the definition of falls was revised to reflect changes made to the survey question by the Behavioral Risk Factor Surveillance System (BRFSS). Prior to this year, respondants were asked about falls in the last 3 months; this year it was changed to falls in the previous 12 months.

2014 Senior Health Advisory Group

The Senior Health Advisory Group members include:

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Selection of Measures

Five primary considerations drive the design of the *America's Health Rankings® Senior Report* and the selection of the individual measures:

1. The overall rankings represent a broad range of issues that affect senior population health.
2. Individual measures use common health measurement criteria.
3. Data must be available at a state level.
4. Data must be current and updated periodically.
5. The aspect being measured should be amenable to change.

While imperfect, the measures selected are believed to be the best available indicators of the various aspects of senior healthiness at this time.

As with all indices, the positive and negative aspects of each measure must be weighed when choosing and developing them. These aspects for consideration include: 1) the interdependence of the different measures; 2) the possibility that the overall ranking may disguise the effects of individual measures; 3) an inability to adjust all data by age and race; and 4) the use of indirect measures to estimate some effects on health. These concerns cannot be addressed directly by adjusting the methodology; however, assigning weights to the individual measures can mitigate their impact (Table 15 on page 25).

Methods

For each measure the raw data, as obtained from the stated sources and adjusted for age as appropriate, is presented and referred to as "value."

The score for each state is based on the following formula. The score is stated as a decimal.

$$\text{SCORE} = \frac{\text{STATE VALUE} - \text{NATIONAL MEAN}}{\text{STANDARD DEVIATION OF ALL STATE VALUES}}$$

Often referred to as a "Z-score", this score indicates the number of standard deviations a state is above or below the national mean. This results in a score of 0.00 for a state with the same value as the national mean. States that have a higher value than the national average will have a positive

score while those with a lower value will have a negative score. Scores are calculated to 3 decimal places and, to prevent an extreme value from excessively influencing a final score, the maximum score any state can receive for a measure is plus or minus 2.000.

Where a value for the United States overall is not available, the national mean is set at the average value of the 50 states plus the District of Columbia.

The overall score is calculated by adding the scores of each measure multiplied by their assigned weight (percentage of total overall ranking) (see Table 15). Note: Scores reported for individual measures may not add up to the overall scores due to the rounding of numbers.

The overall ranking is the ordering of each state according to the overall score. The ranking of individual measures is the ordering of each state according to value. Ties in values are assigned equal rankings.

Weighting of Measures

The combined weights of all measures total 100 percent (Table 15). Determinants account for 75 percent of the overall ranking and outcomes account for 25 percent. Rather than assigning each measure an individual weight, weights are assigned to each category in the model. Within each category, the individual measures are weighted equally.

The column labeled "Total (%)" indicates the weight of each measure in determining the overall ranking. The column labeled "Effect on Score" presents how each measure positively or negatively relates to the overall ranking. For example, a high prevalence of smoking among older adults has a negative effect on score and will worsen the ranking of a state, whereas an increase in the percentage of older adults with controlled pain management has a positive effect on score and will improve the overall ranking of a state.

Health Disparities

In the 2014 Edition, 3 metrics derived from the Behavioral Risk Factor Surveillance System (BRFSS)—physical inactivity, obesity, and health status—were examined for health disparities. (Social support was examined in the 2013 Edition, but the data was not updated in the last year.) Rates were calculated by gender, race/ethnicity (6 divisions), income (4 divisions), education (4 divisions), and urbanicity (3 divisions). The largest gap within each of these categories is noted as long as at least 100 observations are present for each division and the difference in the population rate exceeds 5 percent.

Race/ethnicity groups are non-Hispanic whites, non-Hispanic blacks, Hispanics, non-Hispanic Asians, non-Hispanic Hawaiian/Pacific Islanders, and non-Hispanic Native Americans/Alaska Natives. Income divisions are less than $25,000 household income, $25,000 to less than $50,000 household income, $50,000 to less than $75,000 household income and $75,000 or more household income. Education divisions are college graduate, some college study, high school graduate or equivalent, and less than high school graduate. The 3 divisions within urbanicity are urban (those in a center city within a Metropolitan statistical area (MSA)), surburban (those outside the center city in an MSA, those in suburban MSA and those in an MSA that has no center city), and non-MSA (those in counties that are not in an MSA). All categories are determined by self-report data.

Table 15
Weight of Measures

NAME OF MEASURE	% OF TOTAL	EFFECT ON SCORE
DETERMINANTS		
BEHAVIORS	25.0	
Smoking	3.6	Negative
Chronic Drinking	3.6	Negative
Obesity	3.6	Negative
Underweight	3.6	Negative
Physical Inactivity	3.6	Negative
Dental Visits	3.6	Positive
Pain Management	3.6	Positive
COMMUNITY AND ENVIRONMENT–MACRO	10.0	
Poverty	3.3	Negative
Volunteerism	3.3	Positive
Nursing Home Quality	3.3	Positive
COMMUNITY AND ENVIRONMENT–MICRO	10.0	
Social Support	3.3	Positive
Food Insecurity	3.3	Negative
Community Support	3.3	Positive
POLICY	15.0	
Low-Care Nursing Home Residents	5.0	Negative
Prescription Drug Coverage	5.0	Positive
Geriatrician Shortfall	5.0	Negative
CLINICAL CARE	15.0	
Dedicated Health Care Provider	1.5	Positive
Recommended Hospital Care	1.5	Positive
Flu Vaccine	1.5	Positive
Health Screenings	1.5	Positive
Diabetes Management	1.5	Positive
Home Health Care	1.5	Positive
Preventable Hospitalizations	1.5	Negative
Hospital Readmissions	1.5	Negative
Hospice Care	1.5	Positive
Hospital Deaths	1.5	Negative
OUTCOMES	25.0	
ICU Usage	3.1	Negative
Falls	3.1	Negative
Hip Fractures	3.1	Negative
Health Status	3.1	Positive
Able-Bodied	3.1	Positive
Premature Death	3.1	Negative
Teeth Extractions	3.1	Negative
Mental Health Days	3.1	Negative
OVERALL HEALTH RANKING	100.0	

*Note-the total of the individual weights may not add up to 100 percent due to the rounding of numbers.

Description of Measures

Table 16 summarizes each of the core measures, including data source and data year, in the *America's Health Rankings® Senior Report.* A short discussion of the importance of each measure immediately follows. Following the core measure descriptions is a summary of the supplemental measures. See Table 17 for a list of the supplemental measures. The data for each measure is the most current data available at the time the report was compiled.

The full data tables are available at www.americashealthrankings.org/senior/defn.

Health Determinants

BEHAVIORS

Seven measures reflect behaviors that are potentially modifiable through a combination of personal, community, and clinical interventions: smoking, chronic drinking, obesity, underweight, physical inactivity, dental visits, and pain management. These health determinants measure behaviors and activities which have an immediate or delayed effect on the health of older Americans. However, the selection of these 7 measures does not imply that they are the only underlying behaviors that need to be addressed in a comprehensive public health effort to improve the health of seniors. Additional suggestions for individual initiatives for older adults are presented in Healthy People 2020, published by the US Department of Health and Human Services, Washington, DC, available at www.healthypeople.gov.

Smoking is the prevalence of seniors who regularly smoke tobacco products. It is defined as the percentage of adults aged 65 and older who self-report smoking at least 100 cigarettes in their lifetime and who currently smoke every day or some days. The senior ranks, based on data from CDC's 2012 Behavioral Risk Factor Surveillance System (BRFSS), are at www.americashealthrankings.org/all/smoking_sr.

Smoking has a very well documented adverse impact on overall health. It is the leading cause of preventable death in the United States. Each year, tobacco use and secondhand smoke account for an estimated 443,000 deaths, and an additional 8.6 million people have a serious illness caused by smoking.[6,7] On average, nonsmokers live 10 years longer than smokers.[8] Smoking damages nearly every organ in the body and causes many diseases, including respiratory disease, heart disease, stroke, and cancer.[9] Among adults aged 65 and older who smoke, men are twice as likely and women are 1.5 times as likely to die from a stroke as non-smokers in the same age group.[10] Current smoking is associated with accelerated cognitive decline, and past smoking is increasingly recognized as a risk factor for dementia and premature impairment.[11,12] Not only are smokers themselves at an increased risk for negative health consequences, but those who are exposed to secondhand smoke also face serious health effects, including respiratory infections in children, and heart disease and lung cancer in adults.[13] Smoking is estimated to cost $96 billion in direct medical expenses and $97 billion in lost productivity annually.[14]

Smoking is a lifestyle behavior that an individual can address with support from the community and, as required, clinical intervention. Cessation, even in older smokers, can have profound benefits on current health status as well as long term

6. Adhikari B. Smoking-attributable mortality, years of potential life lost, and productivity losses—United States, 2000–2004. *MMWR.* 2008;57(45):1226.
7. Centers for Disease Control and Prevention. *Tobacco Use: Targeting the Nation's Leading Killer.* 2011. http://www.cdc.gov/chronicdisease/resources/publications/aag/pdf/2011/tobacco_aag_2011_508.pdf. Accessed January 9, 2014.
8. Jha P, Ramasundarahettige C, Landsman V, Rostron B, Thun, M, Anderson RN, et al. 21st-Century hazards of smoking and benefits of cessation in the United States. *N Engl J Med.* 2013;368(4):341-350.
9. Smoking and tobacco use. Centers for Disease Control and Prevention Web site. http://www.cdc.gov/tobacco/. Updated December 17, 2013. Accessed January 9, 2014.
10. Smoking and older adults. American Lung Association Web site. http://www.lung.org/stop-smoking/about-smoking/facts-figures/smoking-and-older-adults.html. Updated February 2010. Accessed January 9, 2014.
11. Anstey KJ, von Sanden C, Salim A, O'Kearney R. Smoking as a risk factor for dementia and cognitive decline: A meta-analysis of prospective studies. *Am J Epidemiol.* 2007;166(4):367-378.
12. Mons U, Schottker B, Muller H, Kliegel M, Brenner H. History of lifetime smoking, smoking cessation and cognitive function in the elderly population. *Eur J Epidemiol.* 2013;28(10):823-831.
13. US Department of Health and Human Services. *The Health Consequences of Involuntary Exposure to Tobacco Smoke: A Report of the Surgeon General.* Atlanta, GA: Centers for Disease Control and Prevention, Coordinating Center for Health Promotion, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health; 2006.
14. Agaku I, King B, Dube SR. Current cigarette smoking among adults-United States, 2011. *MMWR.* 2012;61(44):889-894.

outcomes.[15] Quitting at ages 45 to 54 results in a 6 year increase in life expectancy; and quitting at ages 55 to 64 yields a comparable 4 year increase.[8] In the short term, most smoking-attributable risk for cardiovascular disease can be overcome within 5 years of smoking cessation.[16] Risk for heart attack drops sharply 1 year after quitting, stroke risk falls to about the same level as a nonsmoker after 2 to 5 years, and the risk for dying of lung cancer drops by half after 10 years of cessation.[13]

A wide variety of interventions are effective in aiding smoking cessation at the individual and community levels.[17] Policy efforts, such as excise taxes and smoking bans, have been pursued over the past several decades and have been effective in increasing cessation, preventing nonsmokers from starting, and decreasing smoking related health problems.[18,19] Since the first US Surgeon General's report on smoking and health 50 years ago, tobacco control policy has increased life expectancy by an estimated 2.3 years and 1.9 years in men and women, respectively.[20] Due to the widespread negative health effects of second-hand smoke, reducing the prevalence of smoking and creating smoke-free environments can have a profound impact on the entire community.[13] For more information and resources to help smokers quit, visit www.smokefree.gov/.

The prevalence of smoking among adults aged 65 and older varies from 4.7 percent in Utah to 14.2 percent in Nevada. Nationally, 8.7 percent of seniors smoke cigarettes.

Chronic Drinking is the prevalence of heavy drinkers among adults aged 65 and older. Chronic drinking is defined as more than 60 drinks for men and more than 30 drinks for women in the last 30 days. The senior ranks, based on 2012 BRFSS self-report data, are at www.americashealthrankings.org/all/chronic_drinking_sr.

Although moderate alcohol consumption has been shown to lower all-cause mortality rates in older adults,[21] excessive alcohol consumption is the third leading cause of preventable death in the United States with an estimated 88,000 attributable deaths each year.[22] Excessive drinking contributes significantly toward the nearly 35,000 annual motor vehicle accident fatalities, with a third of all fatalities involving alcohol.[23]

Excessive alcohol consumption in older adults can lead to sleep disorders, depression, anxiety, suicide, liver diseases, cardiovascular diseases, including stroke, and cancers of the head, neck, and esophagus.[22,24] It can also lead to neurological problems; dementia is 5 times more prevalent in alcoholic seniors than in non-alcoholic older adults.[24, 25] Acute impairment caused by heavy drinking can cause unintentional injuries, such as falls, as well as alcohol-related motor vehicle injuries and deaths.[22,24] In 2006, excessive drinking cost $223.5 billion in the United States,[26] with a median state cost of $2.9 billion.[27]

Studies have shown that there is a general decline in alcohol consumption as age increases.[28] However, alcohol misuse in the older adult

15. Taylor DH, Hasselblad V, Henley J, Thun MD, Sloan FA. Benefits of smoking cessation for longevity. *Am J Public Health*. 2002; 92:990-6.
16. Gellert C, Schottker B, Muller H, Holleczek B, Brenner H. Impact of smoking and quitting on cardiovascular outcomes and risk advancement periods among older adults. *Eur J Epidemiol*. 2013;28(8):649-658.
17. Lemmens V, Oenema A, Knut IK, Brug J. Effectiveness of smoking cessation interventions among adults: A systematic review of reviews. *Eur J Cancer Prev*. 2008;17(6):535.
18. Chaloupka FJ. Effectiveness of tax and price policies in tobacco control. *Tob Control*. 2011;20(3):235.
19. Naiman A. Association of anti-smoking legislation with rates of hospital admission for cardiovascular and respiratory conditions. *Can Med Assoc J*. 2010;182(8):761.
20. Holford TR, Meza R, Warner KE, Meernik C, Jeon J, Moolgavkar SH, et al. Tobacco control and the reduction in smoking-related premature deaths in the United States, 1964-2012. *JAMA*. 2014;311(2):164–171.
21. Paganini-Hill A, Kawas CH, Corrada MM. Type of alcohol consumed, changes in intake over time and mortality: the Leisure World Cohort Study. *Age Ageing*. 2007 Mar;36(2):203-9.
22. Fact sheets-Alcohol use and health. Alcohol and Public Health. Centers for Disease Control and Prevention Web site. http://www.cdc.gov/alcohol/fact-sheets/alcohol-use.htm. Accessed March 4, 2014.
23. Centers for Disease Control and Prevention. Vital Signs: Alcohol-Impaired Driving Among Adults — United States, 2010. *MMWR*. 2011;60(39).
24. Rigler SK. Alcoholism in the elderly. *Am Fam Physician*. 2000;61:1710–1716.
25. Caputo F, Vignoli T, Leggio L, Addolorato G, Zoli G, Bernardi M. Alcohol use disorders in the elderly: A brief overview from epidemiology to treatment options. *Exp Gerontol*. 2012;47(6):411-416.
26. Bouchery EE, Harwood HJ, Sacks JJ, Simon CJ, Brewer RD. Economic costs of excessive alcohol consumption in the US, 2006. *Am J Prev Med*. 2011;41(5):516.
27. Sacks JJ, Roeber J, Bouchery EE, Gonzales K, Chaloupka FJ, Brewer RD. State costs of excessive alcohol consumption, 2006. *Am J Prev Med*. 2013;45:474-85.
28. The International Center for Alcohol Policies. Module 23: Alcohol and the elderly. *The ICAP Blue Book: Practical Guides for Alcohol Policy and Prevention Approaches*. http://www.icap.org/LinkClick.aspx?fileticket=JrDTh3DzjMw%3d&tabid=181. Accessed March 5, 2013.

Table 16
Description of Measures Summary

CORE MEASURES

DETERMINANTS	DESCRIPTION	SOURCE	DATA YEAR(S)
BEHAVIORS			
Smoking	Percentage of adults aged 65 and older who regularly smoke (smoked at least 100 cigarettes in their lifetime and currently smoke every day or some days).	CDC BRFSS	2012
Chronic Drinking	Percentage of adults aged 65 and older who consumed more than 60 drinks in the last 30 days for men and more than 30 drinks in the last 30 days for women.	CDC BRFSS	2012
Obesity	Percentage of adults aged 65 and older estimated to be obese, with a body mass index (BMI) of 30.0 or higher.	CDC BRFSS	2012
Underweight	Percentage of adults aged 65 and older with fair or better health status estimated to be underweight, with a body mass index (BMI) of 18.5 or less.	CDC BRFSS	2012
Physical Inactivity	Percentage of adults aged 65 and older with fair or better health status who report doing no physical activity or exercise (such as running, calisthenics, golf, gardening or walking) other than their regular job in the last 30 days.	CDC BRFSS	2012
Dental Visits	Percentage of adults aged 65 and older who report having visited a dental health professional within the last 12 months.	CDC BRFSS	2012
Pain Management	Percentage of adults aged 65 and older with arthritis who report arthritis or joint pain does not limit their usual activities.	CDC BRFSS	2011
COMMUNITY AND ENVIRONMENT			
COMMUNITY AND ENVIRONMENT—MACRO			
Poverty	Percentage of adults aged 65 and older who live in households at or below 100 percent of the poverty threshold.	US Census Bureau, ACS	2010–2012
Volunteerism	Percentage of adults aged 65 and older who report volunteering through or for an organization in the past 12 months.	US Census Bureau, CPS	2010–2012
Nursing Home Quality	Percentage of certified nursing home beds rated 4 or 5-stars.	CMS	2012
COMMUNITY AND ENVIRONMENT—MICRO			
Social Support	Percentage of adults aged 65 and older who receive sufficient social and emotional support.	CDC BRFSS	2010
Food Insecurity	Percentage of adults aged 60 and older who are marginally food insecure.	National Foundation to End Senior Hunger	2011
Community Support	Total expenditures captured by the Administration on Aging divided by the number of adults aged 65 and older living in poverty.	AoA and US Census Bureau	2011

DETERMINANTS	DESCRIPTION	SOURCE	DATA YEAR(S)
POLICY			
Low-Care Nursing Home Residents	Percentage of nursing home residents who were low care, according to the broad definition (no physical assistance required for late-loss ADLs).	Brown University	2010
Prescription Drug Coverage	Percentage of adults aged 65 and older who have a creditable prescription drug plan.	Kaiser State Health Facts, CMS	2010
Geriatrician Shortfall	Percentage of the estimated deficit of geriatricians [estimated shortfall/minimum required number].	American Geriatric Society	2014
CLINICAL CARE			
Dedicated Health Care Provider	Percentage of adults aged 65 and older who report having a personal doctor or health care provider.	CDC BRFSS	2012
Recommended Hospital Care	Percentage of hospitalized patients aged 65 and older who received the recommended care for heart attack, heart failure, pneumonia, and surgical procedures.	The Commonwealth Fund	2012–2013
Flu Vaccine	Percentage of adults aged 65 and older who received a flu vaccine in the last year.	CDC BRFSS	2012
Health Screenings	Percentage of adults aged 65 to 74 who have had mammograms and/or fecal occult/colonoscopy/sigmoidoscopy screens within the recommended time period.	CDC BRFSS	2012
Diabetes Management	Percentage of Medicare beneficiaries aged 65 to 75 with diabetes receiving a blood lipids test.	Dartmouth Atlas	2010
Home Health Care	Number of personal, home care, and home health aide direct care workers per 1,000 adults aged 75 or older.	BLS, US Census	2012
Preventable Hospitalizations	Number of discharges for ambulatory care-sensitive conditions per 1,000 Medicare beneficiaries.	Dartmouth Atlas	2011
Hospital Readmissions	Percentage of patients aged 65 and older who were readmitted within 30 days of discharge.	Dartmouth Atlas	2010
Hospice Care	Percentage of decedents aged 65 and older who were enrolled in hospice during the last 6 months of life after diagnosis of condition with high probability of death.	Dartmouth Atlas	2010
Hospital Deaths	Percentage of decedents aged 65 and older who died in a hospital.	Dartmouth Atlas	2010
OUTCOMES			
ICU Usage	Percentage of decedents aged 65 and older spending 7 or more days in the ICU/CCU during the last 6 months of life.	Dartmouth Atlas	2007
Falls	Percentage of adults aged 65 and older who report they have fallen in the last 12 months.	CDC BRFSS	2012
Hip Fractures	Rate of hospitalization for hip fracture per 1,000 Medicare beneficiaries.	Dartmouth Atlas	2007
Health Status	Percentage of adults aged 65 and older who report their health is very good or excellent.	CDC BRFSS	2012
Able-Bodied	Percentage of adults aged 65 and older with no disability.	US Census, ACS	2012
Premature Death	Number of deaths per 100,000 adults aged 65 to 74.	CDC NCHS	2010
Teeth Extractions	Percentage of adults aged 65 and older with full-mouth tooth extraction.	CDC BRFSS	2012
Mental Health Days	Number of days in the previous 30 days a person aged 65 or older indicates their activities were limited due to mental health difficulties.	CDC BRFSS	2012

Table 17
Supplemental Measures Summary

CORE MEASURES

SUPPLEMENTAL MEASURES	DESCRIPTION	SOURCE	DATA YEAR(S)
Education	Percentage of adults aged 65 and older with a college degree.	US Census Bureau, 2012 ACS	2009-2011
Multiple Chronic Conditions	Percentage of Medicare beneficiaries with 4 or more chronic conditions.	CMS	2007-2011
Cognition	Percentage of adults aged 65 and older who report having a cognitive difficulty.	US Census Bureau, 2012 ACS	2009-2011
Depression	Percentage of adults aged 65 and older who were told by a health professional that they have a depressive disorder.	CDC BRFSS	2012
Suicide	Number of deaths due to intentional self-harm per 100,000 adults aged 65 and older.	CDC NCHS	2010

population is often underreported, underdetected, and misdiagnosed.[24] The US Preventive Services Task Force recommends that clinicians screen all adults for alcohol misuse and provide persons engaged in risky or hazardous drinking with brief behavioral counseling interventions to reduce alcohol misuse.[29] NIHSeniorHealth offers suggestions to help seniors quit or cut back alcohol consumption at http://nihseniorhealth.gov/alcoholuse/gettinghelp/01.html.[30]

The prevalence of chronic drinking among adults aged 65 and older varies from less than 2.0 percent in Kansas, Oklahoma, and West Virginia to 5.7 percent in Oregon and Wisconsin. Nationally, 3.8 percent of seniors are chronic drinkers.

Obesity is the percentage of the population aged 65 and older estimated to be obese, defined as having a body mass index (BMI) of 30.0 or higher. BMI, as defined by CDC, is equal to weight in pounds divided by height in inches squared and then multiplied by 703. CDC has a calculator for BMI at www.cdc.gov/nccdphp/dnpa/bmi/calc-bmi.htm. The senior ranks, based on self-reported weight and height data from CDC's 2012 BRFSS, are at www.americashealthrankings.org/all/obesity_sr.

Obesity is one of the greatest health threats to the United States. It contributes significantly to a variety of serious diseases, including heart disease, diabetes, stroke, and certain cancers, as well as poor general health.[31] Obesity is a leading cause of preventable death, causing an estimated 200,000 deaths annually in the United States.[32] Between 1986 and 2006 the estimated percentage of adult deaths associated with overweight and obesity was 5.0 percent and 15.6 percent for black and white men, and 26.8 percent and 21.7 percent for black and white women, respectively.[33]

The direct medical costs for treating obesity and obesity-related health problems are overwhelming. In 2008, it was estimated that $147 billion was spent on obesity or obesity-related health issues.[34] Obesity is more prevalent than smoking and is highly associated with chronic conditions and overall poor physical health, similar to smoking and excessive alcohol consumption.[35]

The causes of obesity are complex and include lifestyle and the social and physical environment, as well as genetics and medical history. Older adults have an increased likelihood of having poor diet and decreased physical activity, both of which are major lifestyle contributors to obesity.[36] Since the 1980s, energy intake has steadily climbed and energy expenditure has declined, leading to a growing energy imbalance which closely mirrors obesity rates.[37] Growing evidence illustrates the importance of the environment in the obesity

29. US Preventive Services Task Force. *Screening and Behavioral Counseling Interventions in Primary Care to Reduce Alcohol Misuse: Recommendation Statement.* AHRQ Publication No. 12-05171-EF-3. http://www.uspreventiveservicestaskforce.org/uspstf12/alcmisuse/alcmisuserfinalrs.htm. Accessed October 3, 2013.
30. Alcohol use and older adults: Getting help. NIHSeniorHealth Web site. http://nihseniorhealth.gov/alcoholuse/gettinghelp/01.html. Accessed March 4, 2014.
31. Overweight and obesity. Centers for Disease Control and Prevention Web site. http://www.cdc.gov/obesity/. Updated May 24, 2012. Accessed July 24, 2012.
32. Danaei G. The preventable causes of death in the United States: Comparative risk assessment of dietary, lifestyle, and metabolic risk factors. *PLoS Medicine.* 2009;6(4).
33. Masters RK, Reither EN, Powers DA, Yang YC, Burger AE, Link BG. The impact of obesity on US mortality levels: the importance of age and cohort factors in population estimates. *Am J Public Health.* 2013;103(10):1895-1901.
34. Finkelstein EA, Trogdon JG, Cohen JW, Dietz W. Annual medical spending attributable to obesity: Payer- and service-specific estimates. *Health Affairs.* 2009;28(5): w822-w831.
35. Sturm R. Does obesity contribute as much to morbidity as poverty or smoking? *Public Health.* 2001;115(3):229.
36. Elsaway B, Higgins KE. Physical activity guidelines for older adults. *Am Fam Physician.* 2010; Jan 1; 81(1):55-59.
37. Finkelstein EA. Economic causes and consequences of obesity. *Annu Rev Public Health.* 2005;26(1):239.

epidemic and the need for environmental change in order to better facilitate changes in lifestyle.[38]

While obesity is associated with an increased risk of developing previously mentioned health conditions, weight loss is associated with an attenuation of those risks.[41] Successful interventions that target a variety of populations through an assortment of strategies exist, from school-based prevention programs to programs centered on aging adults.[39,40] The CDC has put together a list of useful resources for community level interventions aimed at lowering obesity rates at http://www.cdc.gov/obesity/downloads/community_strategies_guide.pdf.

The prevalence of obesity among adults aged 65 and older varies from less than 20.0 percent in Hawaii and Colorado to 30.4 percent in Louisiana. Nationally, the percentage of seniors who are obese is 25.8 percent. A systematic review comparing measured height and weight with self-reported height and weight found that self-report respondents tend to overestimate height and underestimate weight.[42] The prevalence rates presented are likely an underestimation of the true prevalence of obesity among older adults.

Underweight is the percentage of the population aged 65 and older with fair or better health status who are estimated to be underweight, defined as having a body mass index (BMI) of 18.5 or lower. BMI, as defined by CDC, is equal to weight in pounds divided by height in inches squared and then multiplied by 703. CDC has a calculator for BMI at www.cdc.gov/nccdphp/dnpa/bmi/calc-bmi.htm. The senior ranks, based on self-reported weight and height data from CDC's 2012 BRFSS, are at www.americashealthrankings.org/all/underweight_sr.

Good nutrition is critical for seniors. Insufficient calories and micronutrient deficiencies can weaken an immune system already affected by aging. Older adults who are underweight are at an increased risk of acute illness and death. Undernourished seniors have a higher risk of falls, hospitalizations, long hospital stays, and post-operative complications. Underweight individuals are typically more frail, which may contribute to difficulties with activities of daily living and a need for assistance from caregivers.[43] Undernutrition may also contribute to poor wound healing, confusion, and decreased capacity for rehabilitation.[44] Social isolation, poverty, psychological disorders, physiological function, medications, and poor oral health are all factors that put older adults at an increased risk of being undernourished.[45] Individuals of normal weight may also suffer from undernutrition, making it difficult for physicians to diagnose and treat.[45] While low weight is only one potential consequence of undernutrition, it is the most relevant measure available to assess undernutrition.

Little research has been done on the benefits of reversing undernutrition. However, preliminary work shows improvements in immune function, biochemical deficiencies, weight, rehabilitation times, and length of hospital stays.[46] Preventing undernutrition among seniors may require multiple approaches, including raising awareness of the issue, educating older adults and caregivers about appropriate eating, enhancing the social context of meals, encouraging physical activity, providing better training for care workers in nutritional management, and using assessment tools to address nutritional status.[43] The Nutrition Screening Initiative has created a self-assessment tool to assist older adults in determining their nutritional health, available at http://www.jblearning.com/samples/0763730629/Frank_Appendix10D.pdf. The Mayo Foundation offers tips for caregivers on how to prevent and detect malnutrition in older adults at http://www.mayoclinic.org/healthy-living/caregivers/in-depth/senior-health/art-20044699?pg=1. For additional resources about nutrition for older adults, see https://fnic.nal.usda.gov/lifecycle-nutrition/aging.

The prevalence of underweight seniors varies from 0.8 percent of adults aged 65 and older in South Dakota to 4.0 percent in Hawaii. Nationally, 1.6 percent of seniors are underweight.

Physical Inactivity is the percentage of adults aged 65 and older with fair or better health status who report doing no physical activity or exercise

38. Papas MA. The built environment and obesity. *Epidemiol Rev.* 2007;29(1):129.
39. Malnick SDH. The medical complications of obesity. *QJM.* 2006;99(9):565
40. Shaya FT. School-based obesity interventions: A literature review. *J Sch Health.* 2008;78(4):189.
41. McTigue KM. Obesity in older adults: A systematic review of the evidence for diagnosis and treatment. *Obesity.* 2006;14(9):1485..
42. Gorber SC, Tremblay M, Moher D, Gorber B. A comparison of direct vs. self-report measures for assessing height, weight and body mass index: A systematic review. *Obesity Reviews.* 2007;8(4):307-326.
43. Population Reference Bureau. Underweight, undernutrition and the aging. *Today's Research on Aging.* Issue 8;2007.
44. Sullivan D, Patch G, Walls R, Lipschitz D. Impact of nutrition status on morbidity and mortality in a select population of geriatric rehabilitation patients. *Am J Clin Nutr.* 1990;51:749-58.
45. Rauscher C. Malnutrition among the elderly. *Can Fam Physician.* 1993;39:1395-1403.
46. Goode H, Penn N, Kelleher J, Walker B. Evidence of cellular zinc depletion in hospitalized but not in healthy elderly subjects. *Age Ageing.* 1991;20:345-48.

(such as running, calisthenics, golf, gardening, or walking) other than their regular job in the last 30 days. The senior ranks, based on self-reported data from CDC's 2012 BRFSS, are at www.americashealthrankings.org/all/physical_inactivity.

A natural process of aging is a decrease in muscle mass and strength, making it challenging for many older adults to continue to be active as they age. Just 40 percent of older adults take part in regular physical activity.[47] Physical inactivity increases the risk of developing cardiovascular disease, diabetes, hypertension, obesity, and premature death.[48,49] It is associated with many social and environmental factors as well, including low educational attainment, socioeconomic status, violent crime, and poverty.[50] Physical inactivity is responsible for an estimated $24 billion in direct medical costs[51] and almost 200,000, or 1 in 10, deaths each year.[52]

Fortunately, physical activity has been shown to increase bone density, reduce falls, and help to lessen depression in older Americans.[53] Increasing physical activity, especially from a complete absence, can not only prevent numerous chronic diseases, it can also help to manage them.[54] Even moderate increases in physical activity can greatly reduce risk for adverse health outcomes. Interventions focused on physical activity behaviors among older adults have proven effective, and web-based interventions show promise, as older adults are increasingly prone to use the Internet to research health-related topics.[55] For strategies and tools that public health professionals can use to encourage community-based physical activities for older adults, see http://www.cdc.gov/aging/pdf/community-based_physical_activity_programs_for_older_adults.pdf. For resources and tips on how older Americans can add physical activity to their lives, visit http://www.cdc.gov/physicalactivity/everyone/guidelines/olderadults.html.

The prevalence of physical inactivity among adults aged 65 and older varies from less than 22.0 percent in Oregon, California, and Colorado to more than 36.0 percent in Kentucky and Oklahoma. Nationally, 28.7 percent of seniors are physically inactive.

Dental Visits is the percentage of adults aged 65 and older who report having visited a dental health professional within the last 12 months. The senior ranks, based on self-reported data from CDC's 2012 BRFSS, are at www.americashealthrankings.org/all/dental_visit_sr. Due to a 2011 BRFSS methodology change, the dental visit rates in this Edition cannot be directly compared to estimates published in the 2013 Edition.

As we age, oral health becomes a larger contributor to overall health. Oral health naturally declines with age, and if routine care is not maintained problems can quickly arise. Dental visits are tied to dental insurance coverage; in 2004, only 24 percent of adults aged 65 and older had private dental coverage.[56] Most individuals lose dental insurance coverage when they retire and Medicare generally does not cover dental care, leaving the vast majority of older adults paying out of pocket for most or all dental expenses, impacting use of dental care.[57] These facts, combined with low access to dental care for many older adults, have led to increased rates of dental diseases among this age group and a large disparity between races.[58]

Periodontal diseases are associated with chronic disease, including cardiovascular disease, cerebrovascular disease, diabetes, and oral cancer.[59] In addition to increasing the risk for chronic disease, poor oral health can also have a large impact on quality of life, potentially causing pain and suffering, and negatively affecting the ability to chew, speak, and interact socially. The greatest dental need reported by older adults is routine oral

47. Belza B, PRC-HAN Physical Activity Conference Planning Workgroup. *Moving Ahead: Strategies and Tools to Plan, Conduct, and Maintain Effective Community-Based Physical Activity Programs for Older Adults*. Centers for Disease Control and Prevention: Atlanta, Georgia. 2007.
48. Hu FB. Sedentary lifestyle and risk of obesity and type 2 diabetes. *Lipids*. 2003;38(2):103.
49. King AC. Environmental and policy approaches to cardiovascular disease prevention through physical activity: Issues and opportunities. *Health Educ Behav.* 1995;22(4):499.
50. King AC. Personal and environmental factors associated with physical inactivity among different racial–ethnic groups of US middle-aged and older-aged women. *Health Psycho.* 2000;19(4):354.
51. Colditz GA. Economic costs of obesity and inactivity. Med Sci *Sports Exerc.* 1999;31(11 Suppl):S663-7.
52. Danaei G. The preventable causes of death in the United States: Comparative risk assessment of dietary, lifestyle, and metabolic risk factors. *PLoS Medicine*. 2009;6(4).
53. Evans WJ. Exercise training guidelines for the elderly. *Med Sci Sports Exerc.* 1999 Jan;31(1):12-7.
54. Weiler R, Stamatakis E, Blair S. Should health policy focus on physical activity rather than obesity? Yes. *BMJ*. 2010;340(7757):1170-1171.
55. Mouton A, Cloes M. Web-based interventions to promote physical activity by older adults: promising perspectives for a public health challenge. *Arch Public Health*. 2013; 71(1): 16.
56. Manski RJ, Moeller J, Pepper JV. Dental care coverage and retirement. *J Public Health Dent*. 2010 Winter, 70(1): 1-12.
57. Vargas CM, Kramarow EA, Yellowitz JA. The oral health of older Americans. *Aging Trends,* No. 3. Hyattsville, MD: National Center for Health Statistics, 2001.
58. Periodontal disease in seniors (age 65 and over). National Institute of Dental and Craniofacial Research Web site. http://www.nidcr.nih.gov/DataStatistics/FindDataByTopic/GumDisease/PeriodontaldiseaseSeniors65over. Accessed January 22, 2013.
59. Gum disease and other diseases. American Academy of Periodontology Web site. http://www.perio.org/consumer/other-diseases. Accessed January 22, 2013.

hygiene.[60] Dental care is more complex for older adults due to changes related to aging as well as the cumulative effect of earlier oral hygiene practices and oral health experiences including caries, fillings, and tooth loss. Often the special needs of seniors require dentists with specialized skills. The American Dental Association provides resources and tips on how to maintain oral health for adults over 60 at http://www.mouthhealthy.org/en/adults-over-60/.

The prevalence of annual dental visits among adults aged 65 and older varies from 49.6 percent in West Virginia to 77.2 percent in Minnesota and Hawaii. Nationally, 66.0 percent of seniors visited a dental health professional within the last 12 months.

Pain Management is the percentage of adults aged 65 and older with arthritis who report that arthritis or joint pain does not limit their usual activities. The senior ranks, based on self-reported data from CDC's 2011 BRFSS, are at www.americashealthrankings.org/all/pain_management_sr. The data for this measure are the same as appeared in the 2013 Edition because pain management is assessed biannually by BRFSS.

The leading cause of disability in the United States is arthritis, causing reduced functionality, limiting mobility, and often interfering with activities of daily living (ADL).[61] Almost half of adults aged 65 and older have been diagnosed with arthritis.[62] Arthritis limits activity more frequently than heart disease, cancer, and diabetes.[62] When older adults lose independence in ADLs, they may become less able to live alone, leading to a dependence on caregivers or requiring a move to a long-term care setting.

Osteoarthritis, the most prevalent form of arthritis, is a progressive degenerative joint disease that is more common in older, overweight, and obese individuals, as well as those who have a history of joint injury.[63] This form of arthritis is often associated with symptoms of pain, aches, stiffness, and swelling.[63] Osteoarthritis is preventable and manageable, though many adults associate its symptoms with normal aging and many cases go untreated.[61] Physical activity can improve quality of life for people with arthritis, and community-based programs have been proven effective. For resources and tips on how to prevent and manage arthritis, see http://www.cdc.gov/arthritis/basics/key.htm. For physical activity guidelines for individuals with arthritis, visit http://www.cdc.gov/arthritis/pa_overview.htm. The CDC has compiled a list of evidence-based community programs for physical activity, at http://www.cdc.gov/arthritis/interventions/physical_activity.htm.

The percentage of adults aged 65 and older with arthritis who report that arthritis or joint pain does not limit their usual activities varies from 42.5 percent in Alaska to 60.7 percent in Maryland. Nationally, 51.7 percent of seniors with arthritis report that arthritis or joint pain does not limit their usual activities.

Community and Environment

Measures of community and environment reflect the daily conditions influencing a healthy life. These aspects can be modified through a concerted effort by the community and its elected officials, supported by state and federal agencies, professional associations, advocacy groups, and businesses.

Community and environment is divided into 2 sub-categories: macro and micro. The macro community and environment consists of the larger, external environment impacting health: poverty, volunteerism, and nursing home quality. The micro community and environment focuses on factors that directly affect the health of individuals: social support, food insecurity, and community support of seniors.

These determinants measure both positive and negative aspects of the community and environment of each state and their effects on the population's health. Again, there are many additional community efforts that improve the overall health of a population but are not directly reflected in these 6 measures. Each community has its own strengths, challenges, and resources and should undertake a careful planning process to determine which action plans are best for them.

MACRO Community and Environment

Poverty is the percentage of adults aged 65 and older who live in households at or below the poverty threshold. The preliminary 2013 poverty threshold established by the US Census Bureau for a single person aged 65 and older in the lower

60. Kiyak HA, Grayston MN, Crinean CL. Oral health problems and needs of nursing home residents. *Community Dent Oral Epidemiol.* 1993;21(1):49-52.
61. Get the Facts. Arthritis Foundation Web site. http://www.arthritis.org/conditions-treatments/understanding-arthritis/. Accessed January 22, 2013.
62. Arthritis-Related Statistics. Centers for Disease Control and Prevention Web site. http://www.cdc.gov/arthritis/data_statistics/arthritis_related_stats.htm. Updated March 17, 2014. Accessed April 2, 2014.
63. Arthritis Foundation. *A National Public Health Agenda for Osteoarthritis 2010.* 2010:1-62.

48 states is $11,173 in household income.[64] For a household with 2 individuals aged 65 and older, the income threshold is $14,095.[64] The senior ranks, based on 3-year estimates from the 2010-2012 American Community Survey, US Census Bureau, are at www.americashealthrankings.org/all/poverty_sr.

The effect of poverty in relation to higher rates of many chronic diseases and shorter life expectancy has been well documented.[65,66] Poverty directly influences an individual's ability to meet his or her basic needs, including access to health care, availability of healthy foods, and choices for physical activity. Many federal, state, and local government programs and community interventions have helped to reduce the number of older adults in poverty, yet poverty and its negative effects on health persist today. A 2011 article reported that 1 in 6 older adults lives in poverty.[67] This number is likely higher than reported due to the difficult nature of assessing poverty in the senior population.[68] In response to concerns that the official poverty measure does not accurately reflect individual's income and financial resources, the US Census Bureau created a supplemental poverty measure in 2011. Using this measure, the percentage of seniors living in poverty is higher in every state, and twice as high in 12 states.[69] The recent economic crisis has also affected many seniors, impacting their retirement and pension incomes, retiree health benefits, and Medicaid assistance.[70] Many older adults do not know how to maintain economic stability, particularly when they are at increased risk for sudden high expenditures due to emergency medical care.[67]

The National Council on Aging offers several programs and resources focused on economic security for older adults at http://www.ncoa.org/enhance-economic-security/economic-security-Initiative/.

The percentage of adults aged 65 and older living at or below the poverty threshold varies from a low of 5.4 percent in Alaska to a high of 13.5 percent in Mississippi. Nationally, 9.3 percent of seniors are living in poverty, unchanged from the 2013 Edition.

Volunteerism is the percentage of adults aged 65 and older who report performing unpaid volunteer activities through or for an organization in the past 12 months. The senior ranks, based on a 3-year average from the 2010-2012 Current Population Survey's Volunteer Supplement, US Census Bureau, and compiled by the Corporation for National & Community Service, are at www.americashealthrankings.org/all/volunteerism_sr.

Retirement often provides seniors with additional free time that some choose to fill with volunteer activities. Volunteering not only provides a service for communities and organizations but also provides seniors with social interaction, altruistic feelings, and often a sense of purpose as their social roles evolve. Additionally, it gives retired older adults a constructive way to fill time and provides opportunities for new learning, promoting improved cognition.[71] Studies have shown that older adults who volunteer have better cognitive performance, fewer depressive symptoms, higher activity levels, and better mental well-being than seniors who do not volunteer.[71,72] Benefits of volunteering may extend beyond mental health. A state-level analysis of the connection between volunteering, mortality, and heart disease incidence showed that states with higher rates of volunteering experienced lower rates of mortality and heart disease.[73] Seniors who volunteer for multiple organizations reported a higher life satisfaction and perceived health over older adults who only volunteer for one organization.[73] There is also a positive relationship with the number of hours spent volunteering and reported life satisfaction.[73]

To find volunteer opportunities based on interest and geographic area, visit http://www.aarp.org/giving-back/info-09-2012/

64. Preliminary Estimate of Weighted Average Poverty Thresholds for 2013. US Census Bureau Web site. http://www.census.gov/hhes/www/poverty/data/threshld/. Updated January 28, 2014. Accessed March 7, 2014.
65. Fiscella K. Poverty or income inequality as predictor of mortality: longitudinal cohort study. *BMJ*. 1997;1724.
66. Adler NE, Ostrove JM. Socioeconomic status and health: What we know and what we don't. *Ann N Y Acad Sci*. 1999;896(1):3-15.
67. Schwartz K. *One in six seniors lives in poverty, new analysis finds*. National Council on Aging. January 24, 2011. http://www.ncoa.org/press-room/press-release/one-in-six-seniors-lives-in.html. Accessed on January 29, 2013.
68. Cooper RA, Cooper MA, McGinley EL, Fan X, Rosenthal JT. Poverty, wealth, and health care utilization: a geographic assessment. *J Urban Health*. 2012;89(5):828-47.
69. Levinson Z, Damico A, Cubanski J, Neuman T. *A State-By-State Snapshot of Poverty Among Seniors: Findings From Analysis of the Supplemental Poverty Measure*. The Henry J. Kaiser Family Foundation. May 20, 2013. http://kff.org/medicare/issue-brief/a-state-by-state-snapshot-of-poverty-among-seniors/. Accessed March 7, 2014.
70. Keller S, Brown G, Koerner J. Developing 21st century models of care for seniors in challenged urban settings. *Nurs Admin Q*. 2010;34(2);172-7.
71. Schwingel A, Niti MM, Tang C, Pin Ng T. Continued work employment and volunteerism and mental well-being of older adults: Singapore longitudinal ageing studies. *Age Ageing*. 2009;38:531-7.
72. Van Willingen M. Differential benefits of volunteering across the life course. *J of Gerontol*. 2000;55B(5):S308-18.
73. Corporation for National and Community Service, Office of Research and Policy Development. *The Health Benefits of Volunteering: A Review of Recent Research*. Washington, DC. 2007.

volunteer-community-service-charity.html or view Senior Corps opportunities at http://www.nationalservice.gov/programs/senior-corps.

The percentage of adults aged 65 and older who volunteer varies from a high of more than 39.0 percent in Idaho and Minnesota to a low of 17.0 percent in Nevada. Nationally, 26.1 percent of older adults report volunteering in the past 12 months, essentially unchanged from the 2013 Edition.

Nursing Home Quality is the percentage of certified nursing home beds rated 4 or 5 stars. The senior ranks, based on 2012 data from the Centers for Medicaid and Medicare Services (CMS) Nursing Home Compare program, are at www.americashealthrankings.org/all/nursing_home_quality_sr. This measure replaces the highly-rated nursing homes measure that appeared in the 2013 Edition. The percentage of 4 or 5 star nursing home beds is a better indicator of quality. The previous measure, the number of 4 and 5 star beds per 1,000 adults aged 75 and older, was an indicator of capacity.

In 2008, 3.2 million Americans resided in nursing homes.[74] Poor quality care in nursing homes exacts an enormous financial toll for nursing home residents and US taxpayers alike, as millions of dollars are spent each year for medical treatment and hospitalizations related to falls, pressure ulcers, urinary incontinence, malnutrition, dehydration, and ambulatory care-sensitive diagnoses.[75] Quality nursing home practices can greatly reduce the incidence of these conditions. Nursing home resident abuse and neglect is also a major issue. A study of nursing home residents conducted in 2000 found that 44 percent of respondents indicated that they had been abused and 95 percent had either experienced neglect themselves or seen other residents being neglected.[74]

The CMS created a 5-star quality rating system for nursing homes to assist older adults and their families in finding an appropriate facility for their needs. Nursing homes receiving 5 stars are considered to have above average quality, while those receiving 1 star are considered to have below average quality. Assigned ratings are based upon the results of regular health inspections, quality measures, and staffing levels. Quality measures include numerous clinical measures and outcomes that provide an indication of how well a nursing home cares for its patients, such as the percentage of residents with pressure ulcers.[76]

The Nursing Home Compare website at www.medicare.gov/NursingHomeCompare/ allows users to compare nursing homes in their area to find the one that best fits their needs.

The percentage of quality nursing home beds rated 4 or 5 stars varies from a high of 67.3 percent in New Hampshire to less than 33.0 percent in Texas and Louisiana. Nationally, 46.8 percent of certified nursing home beds received a 4 or 5 star rating.

MICRO Community and Environment

Social Support is the percentage of adults aged 65 and older who report receiving the social and emotional support they need on a regular basis. The senior ranks, based on self-reported data from CDC's 2010 BRFSS, are at www.americashealthrankings.org/all/social_support_sr. The data appearing in this Edition are the same as appeared in the 2013 Edition, as social support has not been assessed by BRFSS since 2010.

Social relationships are an integral part of life, playing a large role in emotional fulfillment and cognitive function.[76] The number of these relationships tends to decline with age for numerous reasons, though the need for them expands with additional free time and difficult life situations. Social support can have an indirect impact on health behaviors, lifestyle, stress levels, and punctual usage of health care.[77,78] Sufficient social and mental support is associated with reduced risk of physical illness and mental illness.[79] Social isolation is associated with increased overall morbidity and mortality, specifically heart disease and certain cancers.[80,81,82] The World Health Organization states that social

74. National Center on Elder Abuse Administration on Aging. *Research Brief: Abuse of Residents of Long Term Care Facilities.* US Department of Health and Human Services. Washington, DC. 2012. http://www.ncea.aoa.gov/Resources/Publication/docs/NCEA_LTCF_ResearchBrief_2013.pdf
75. The National Consumer Voice for Quality Long-Term Care. *The High Cost of Poor Care: The Financial Case for Prevention in American Nursing Homes.* Washington, DC. April 2011.
76. Five-star quality rating system. Center for Medicare & Medicaid Services Web site. http://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/CertificationandComplianc/FSQRS.html. Updated January 17, 2013. Accessed February 12, 2013.
77. Cohen S, Wills TA. Stress, social support, and the buffering hypothesis. *Psychol Bull.* 1985;98:310-57.
78. Hawkley LC, Cacioppo JT. Loneliness and pathways to disease. *Brain, Behavior, and Immunity.* 2003;17:S98-105.
79. Centers for Disease Control and Prevention, National Association of Chronic Disease Directors. *The State of Mental Health and Aging in America Issue Brief 1: What Do the Data Tell Us?* Atlanta, GA: National Association of Chronic Disease Directors; 2008.
80. House JS, Landis KR, Umberson D. Social relationships and health. *Science.* 1988;241(4865);540-45.
81. Knox SS, Adelman A, Ellison C, Arnett DK, Siegmund K, Weidner G, Province MA. Hostility, social support, and carotid artery atherosclerosis in the National Heart, Lung, and Blood Institute Family Heart Study. *Am J Cardiol.* 2000;86:1086-9.
82. Price MA, Tennant CC, Butow PN, Smith RC, Kennedy SJ, Kossoff MB, Dunn SM. The role of psychosocial factors in the development of breast carcinoma: Part II. Life event stressors, social support, defense style, and emotional control and their interactions. *Cancer.* 2001;91:686-97.

isolation is associated with "increased rates of premature death, lower general well-being, more depression, and a higher level of disability from chronic diseases."[83] The effectiveness of social isolation intervention strategies has not been researched rigorously, though offering social activity in group formats has shown to be the most effective intervention strategy to date.[84]

The prevalence of adults aged 65 and older who report that they receive the social and emotional support they need varies from a high of 85.4 percent in Oregon to a low of 65.8 percent in Hawaii. Nationally, 79.4 percent of older adults feel that they receive the social support they need.

Food Insecurity is the percentage of adults aged 60 and older who are marginally food insecure based on the Core Food Security Module (CFSM) survey. The senior ranks, based on 2011 data from the National Foundation to End Senior Hunger (NFESH) report *State of Senior Hunger in America 2011: An Annual Report,* are at www.americashealthrankings.org/all/food_insecurity_sr.

Food insecurity is a rising public health concern in the United States, and older adults are at an increased risk of hunger due to lack of income and transportation, functional limitations, or health related issues.[85] Older adults require adequate nutrition to maintain health and well-being. Food insecure older adults have been found to have significantly reduced intakes of vital nutrients compared to food secure older adults, which could have tremendous implications for overall health.[86] Older adults who face hunger may have to choose between food and other key necessities such as medical care or heat. Unfortunately, households with older adults are less likely to receive financial support for purchasing food through the Supplemental Nutrition Assistance Program (SNAP).[87] However, programs dedicated to providing home-based meals to frail or disabled seniors do exist. According to a survey of seniors who received home-delivered meals funded by the Older Americans Act (OAA), 93 percent reported that the meals allowed them to continue to live in their own home, and 80 percent said the service allowed them to eat a greater variety of food, eat healthier food, feel better, and feel less hungry.[88] Feeding America highlights assistance programs for seniors at http://feedingamerica.org/how-we-fight-hunger/programs-and-services.aspx.

The percentage of adults aged 60 and older who are marginally food insecure varies from a low of less than 9.0 percent in Virginia and Minnesota to a high of 24.2 percent in Arkansas. The national average is 14.3 percent of adults aged 60 and older.

Community Support is the total community expenditures per adult aged 65 and older living in poverty. This is calculated by taking the total community expenditures divided by the number of adults aged 65 and older living in poverty in each state to represent the amount of funding that could be spent on individuals in need. The senior ranks, based on data from the 2011 Administration on Aging (AoA) and the 2011 American Community Survey (US Census Bureau), are at www.americashealthrankings.org/all/community_support_sr. The data appearing in this Edition are the same as appeared in the 2013 Edition. Updated total community expenditure data was not available at the time of this report.

States receive federal funding and allocate state funds to help older adults remain in their home through home and community-based services. Specifically, they may assist in the funding of personal care, congregate meals, transportation, and nutrition education programs for seniors. The Older Americans Act (OAA), administered by the AoA, has been providing funding for a variety of home and community-based services since 1965. Survey results found that "OAA-supported home-delivered meals, transportation services, and caregiver support programs directly or indirectly provide services to those who might otherwise be institutionalized or isolated, and assisted the frail and vulnerable elderly in maintaining their independence."[88] A recent study found that larger increases in community public health spending were associated with larger reductions in preventive causes of mortality, including cardiovascular disease, diabetes, and cancer, over a 13-year period. Specifically, mortality rates decreased

83. World Health Organization. *The social determinants of health: the solid facts-2nd edition*. 2003.
84. Dickens AP, Richards SH, Greaves CJ, Campbell JL. Interventions targeting social isolation in older people: a systematic review. *BMC Public Health*. 2011;11(647):1-22.
85. Wolfe WS, Frongillo EA, Valois P. Understanding the experience of food insecurity by elders suggests ways to improve its measurement. *J Nutr*. 2003;133:2762-9.
86. Lee JS, Frongillo EA. Nutritional and health consequences are associated with food insecurity among US elderly persons. *J Nutr*. 2001;131:1503-9.
87. Ziliak JP, Gundersen C. Senior hunger in the United States: differences across states and rural and urban areas. *University of Kentucky Center for Poverty Research Special Reports*. 2009.
88. Beauchamp J, Trebino L. Results from the Administration on Aging's Third National Survey of Older Americans Act Program Participants, *Mathematica Policy Research Reports,* Mathematica Policy Research, 2008.

between 1.1 percent and 6.9 percent for each 10 percent increase in public health spending.[89] To learn about programs and services that are funded in specific communities, visit http://eldercare.gov/Eldercare.NET/Public/Index.aspx.

The total expenditures captured by the AoA vary from a high of $8,033 per adult aged 65 and older living in poverty in Alaska to a low of $283 in Nevada. The national average is $1,147 per adult aged 65 and older living in poverty.

Policy

Three measures are used to represent public health policies and programs: low-care nursing home residents, prescription drug coverage, and geriatrician shortfall. These measures are indicative of the policies that affect available resources to support aging adults.

Every state has several excellent and effective policies and public health programs that contribute to the overall health of the senior population but may not be explicitly included in these rankings. For information about state-specific policies and programs that are designed to optimize individual senior and community health, visit the state's health department website listed in the corresponding state snapshot in the back of the report. A spectrum of policy options available to states and communities are at www.thecommunityguide.org, a website that provides a systematic review of programs and evidence-based recommendations for health and community officials. Although it is not senior-specific, it offers recommended actions that have been successful in diverse communities.

Low-Care Nursing Home Residents is the percentage of residents in all facilities in the state on the first Thursday in April who were low-care using a broad definition of no physical assistance required in any of the 4 late-loss activities of daily living (ADLs)—bed mobility, transferring, using the toilet, and eating. The senior ranks, based on 2010 data from the "Shaping Long Term Care in America Project" at Brown University, funded in part by the National Institute on Aging, are at www.americashealthrankings.org/all/low_care_nursing_home_residents_sr. The data for this measure are the same as appeared in the 2013 Edition. Updated data was not available at the time of this report.

Low-care nursing home residents do not require the suite of services provided by nursing homes and may be able to live in a less restrictive environment with the aid of community support. Community-based services—such as Meals on Wheels, visiting home health aides, transportation programs, and technology-delivered healthcare programs—can allow older adults to age in place. A recent study found that the more states invest in home-delivered meal programs, the lower the proportion of low-care nursing home residents.[90] Providing nursing home services to low-care residents is expensive, and research suggests that providing at-home meals to 1 percent more seniors in every state would save over $100 million nationally by decreasing low-care prevalence.[91] Several studies have found that the rate of low-care nursing home residents is associated with funding from the Older Americans Act (OAA) and Medicaid expenditures on home and community-based services.[90,92,93] The OAA of 1965 was directed to provide services to assist seniors in remaining independent in their homes and communities. Programs under the OAA provide federal funding to states for services such as in-home assistance, home-delivered meals, and preventive health services. In addition, Medicaid offers similar services and provides long-term care funding for those who qualify. Centers for Medicare & Medicaid Services (CMS) offers information and resources for nursing home alternatives at www.medicare.gov/nursinghomecompare/Resources/Nursing-Home-Alternatives.html.

The percentage of low-care nursing home residents varies from a low of 1.1 percent of nursing home residents in Maine to a high of 26.7 percent in Illinois. The national average for low-care nursing home residents is 12.2 percent.

Prescription Drug Coverage is the percentage of adults aged 65 and older who have a creditable prescription drug plan, meaning the plan is expected to pay as much as the standard Medicare prescription drug coverage. A creditable

89. Mays GP, Smith SA. Evidence links increases in public health spending to declines in preventable deaths. *Health Affairs.* 2011; 30: 1585-1593.
90. Thomas KS. The relationship between Older Americans Act in-home services and low-care residents in nursing homes. *J Aging Health.* 2013.
91. Thomas KS, Mor V. Providing more home-delivered meals is one way to keep older adults with low care needs out of nursing homes. *Health Aff.* 2013;32(10):1796-1802.
92. Castle NG. Low-care residents in nursing homes: the impact of market characteristics. *J Health Soc Policy.* 2002;14(3):41-58.
93. Hahn EA, Thomas KS, Hyer K, Andel R, Meng H. Predictors of low-care prevalence in Florida nursing homes: the role of Medicaid waiver programs. *Gerontologist.* 2011 Aug;51(4):495-503.

plan must provide coverage for brand name and generic prescriptions, reasonable access to retail providers, pay on average at least 60 percent of participants' prescription drug expenses and must satisfy one of several other conditions established by the CMS. The senior ranks, based on 2010 data obtained from the Kaiser Family Foundation's State Health Facts, are at www.americashealthrankings.org/all/creditable_drug_ coverage_sr. The data for this measure are the same as appeared in the 2013 Edition. Updated data was not available at the time of this report.

Individuals may have prescription drug coverage from one of several sources: Medicare Part D, a current or former employer, or individual insurance plans. Those without creditable prescription drug coverage face a penalty equivalent to 1 percent of the national average premium for each month that enrollment in a creditable plan is delayed. A plan's creditable status must be disclosed by all insurers to their beneficiaries and to CMS.[94] Prescription drug coverage significantly impacts the overall health of older adults, allowing for reduced financial strain and increased medication adherence. In a 2003 national survey, half of seniors without prescription drug coverage paid more than $100 per month on medications compared to 31.5 percent of seniors with drug coverage. Furthermore, those with prescription drug coverage reported a 10 percent reduction in medication inadherence due to cost.[95] The enactment of Medicare Part D in 2003 has had a positive impact on the use of prescription medications and savings for older Americans.[96] Medicare offers abundant resources on prescription drug coverage at https://www.medicare.gov/part-d/index.html.

The percentage of adults aged 65 and older with prescription drug coverage varies from a high of more than 89.0 percent in Iowa and Minnesota to a low of 78.3 percent in New Hampshire. Nationally, 86.5 percent of seniors have prescription drug coverage.

Geriatrician Shortfall is the percentage of the estimated deficit of geriatricians in each state. It is calculated by taking the shortage of geriatricians in each state divided by the number needed, as determined by the American Geriatrics Society's 2014 report. The senior ranks are at www.americashealthrankings.org/all/geriatrician_shortfall_sr.

In 2012, there were 7,086 geriatricians in the United States, a number that drastically falls below the estimated need.[97] With an aging baby boomer generation and increasing life expectancy, the number of geriatricians needed is going to increase dramatically in the coming years.[98] Although the American Geriatrics Society identifies a need to train an additional 1,200 geriatricians per year, only 75 internal medicine or family medicine residents entered fellowship programs in geriatrics in 2010.[99] Part of the shortfall could be due to extra schooling for geriatricians and relatively low salaries.[98] Geriatricians are vitally important to the health of seniors in both outpatient and inpatient settings. Compared to standard hospital care, seniors receiving care in special geriatric units have better function at the time of discharge, and inpatient rehabilitative services that involve geriatricians result in lower nursing home admissions and improved function at follow up.[100] In outpatient settings, geriatricians tend to provide better medication management than other clinicians.[100] The Institute of Medicine has laid out several strategies to help fight the geriatrician shortfall. For more details, visit http://www.iom.edu/Reports/2008/Retooling-for-an-Aging-America-Building-the-Health-Care-Workforce.aspx.

The percentage of geriatrician shortfall varies from a low of 13.1 percent in Hawaii to a high of 90.4 percent in Idaho. Nationally, the estimated geriatrician shortfall is 58.9 percent.

Clinical Care

Clinical care has the potential to enable people to live longer and healthier by treating and managing existing conditions and preventing others. Preventive and curative care must be delivered in an appropriate and timely manner in order for it to be most effective. Clinical care is particularly important for the senior population as they are the

94. The Medicare prescription drug benefit fact sheet. The Henry J Kaiser Family Foundation Web site. http://kff.org/medicare/fact-sheet/the-medicare-prescription-drug-benefit-fact-sheet/. Updated November 2013. Accessed March 31, 2014.
95. Safran DG, Neuman P, Schoen C, Kitchman MS, Wilson IB, Cooper B, et al. Prescription drug coverage and seniors: Findings from a 2003 national survey. *Health Aff.* 2005;Suppl Web Exclusives:W5-152-W5-166.
96. Yin W, Basu A, Zhang JX, Tabbani A, Meltzer DO, Alexander GC. The effect of the Medicare Part D prescription benefit on drug utilization and expenditures. *Ann Intern Med.* 2008;148:169-177.
97. Projected future need for geriatricians. American Geriatrics Society Web site. http://www.americangeriatrics.org/files/documents/Adv_Resources/GeriShortageProjected.pdf. Updated March 2014. Accessed April 16, 2014.
98. Institute of Medicine. *Retooling for an Aging America: Building the Health Care Workforce.* Washington, DC: The National Academies Press, 2008.
99. The demand for geriatric care and the evident shortage of geriatrics health care providers. The American Geriatrics Society Web site. http://www.americangeriatrics.org/files/documents/Adv_Resources/demand_for_geriatric care.pdf. Accessed March 31, 2014.
100. Totten A, Carson S, Peterson K, Low A, Christensen V, Tiwari A. *Evidence Brief: Effect of geriatricians on outcomes of inpatient and outpatient care, VA-ESP Project #09-199;* 2012.

heaviest consumers of health care. Ten measures are included in this section: dedicated health care provider, recommended hospital care, flu vaccine, health screenings, diabetes management, home health care, preventable hospitalizations, hospital readmissions, hospice care, and hospital deaths. These clinical care measures provide information about the availability, accessibility, utilization, and effectiveness of clinical care in the older adult population.

Dedicated Health Care Provider is the percentage of adults aged 65 and older who report having a personal doctor or health care provider. The senior ranks, based on 2012 BRFSS self-report data, are at www.americashealthrankings.org/all/dedicated_health_care_provider_sr.

Having a dedicated health care provider is a vitally important asset in receiving the best clinical care. Seniors with dedicated care are better able to receive routine care that can prevent disease, detect disease earlier, and manage existing conditions to help maintain health and quality of life. Individuals without a usual source of care are more likely to have costly trips to the emergency room for non-urgent problems or avoidable acute problems.[101] Additionally, they have been shown to receive suboptimal preventive and ambulatory care, which can lead to poor outcomes for those managing chronic conditions.[102,103] Older adults face numerous obstacles in obtaining a dedicated health care provider including limited access, financial constraints, and a general lack of knowledge of the services and providers available. The official US government site for Medicare provides a list of Medicare-enrolled physicians and healthcare professionals by region at http://www.medicare.gov/find-a-doctor/provider-search.aspx.

The percentage of adults aged 65 and older who report having a personal doctor or health care provider ranges from more than 97.0 percent in Rhode Island, Delaware, and Wisconsin to a low of 83.1 percent in Alaska. Nationally, 94.9 percent of seniors report having a personal doctor or health care provider.

Recommended Hospital Care is the percentage of hospitalized patients aged 65 and older who received the recommended care for the conditions of heart attack, heart failure, pneumonia, and surgical procedures. The senior ranks, based on 2012-2013 data from The Commonwealth Fund, are at www.americashealthrankings.org/all/recommended_hospital_care_sr.

Although they represent only 15 percent of the population,[104] seniors account for 36 percent of hospital stays.[105] The conditions assessed in this measure are all part of the Centers for Medicare and Medicaid Service's quality initiative and were chosen for their validity and general acceptance as markers of quality. Not only does the provision of recommended care denote high quality, it can also generate cost savings. Hospitals with low complication rates tend to spend less per episode than those with high complication rates, indicating that foregoing proper care can actually be more costly.[106] Medicare provides quality care data, including recommended care measures, at www.medicare.gov/hospitalcompare/search.html.

The percentage of hospitalized adults aged 65 and older receiving recommended hospital care ranges from at least 99.0 percent in Maine and Utah to 97.2 percent in South Dakota and Mississippi. Nationally, 98.1 percent of seniors receive recommended hospital care.

Flu Vaccine is the percentage of adults aged 65 and older who reported receiving a flu vaccine in the last year. The senior ranks, based on the CDC's 2012 BRFSS data, are at www.americashealthrankings.org/all/flu_vaccine_sr.

The flu vaccine helps protect individuals against seasonal influenza virus, a contagious respiratory infection that can cause severe illness in older adults. Seniors are strongly encouraged to get vaccinated as they are at an increased risk of contracting the virus and may suffer more serious symptoms if infected.[107] Ninety percent of flu-related deaths occur in individuals aged 65 and older.[107] Complications that can arise from influenza include bacterial pneumonia and exacerbation of underlying pulmonary conditions.[108] Two forms of

101. Sarver JH, Cydulka RK, Baker DW. Usual source of care and nonurgent emergency department use. *Acad Emerg Med.* 2002; 9:916-923.
102. DeVoe JE, Fryer GE, Phillips R, Green L. Receipt of preventive care among adults: insurance status and usual source of care. *Am J Public Health*. 2003;93(5):786-91.
103. Shea S, Misra D, Ehrlich MH, Field L, Francis CK. Predisposing factors for severe, uncontrolled hypertension in an inner-city minority population. *N Engl J Med.* 1992;327:776-81.
104. Age and sex. The older population in the United States: 2012. US Census Bureau Web site. http://www.census.gov/population/age/data/2012.html. Accessed April 16, 2014.
105. Pfuntner A, Wier L, Steiner C. Costs for hospital stays in the United States, 2011. *HCUP Statistical Brief #168.* Agency for Healthcare Research and Quality, Rockville, MD.
106. Birkmeyer JD, Gust C, Dimick JB, Birkmeyer NJ, Skinner JS. Hospital quality and the cost of inpatient surgery in the United States. *Ann Surg.* 2012;255(1):1-5.
107. Seniors. Flu.gov Web site. www.flu.gov/at-risk/seniors/index.html#. Accessed January 23, 2013.
108. Thompson WW, Shay DK, Weintraub E, Brammer L, Cox N, Anderson LJ, et al. Mortality associated with influenza and respiratory syncytial virus in the United States. *JAMA.* 2003;289(2):179-186.

the flu vaccine are available for seniors—a regular dose shot and a high-dose shot that was specifically designed for people aged 65 and older. The high-dose shot is meant to elicit a stronger immune response, but the CDC recommends seniors receive either vaccine.[109] Medicare covers the cost of one flu vaccination per year.[107] Flu vaccination is a highly cost effective intervention; direct cost savings are estimated at over $100 for every older adult receiving the vaccine.[110] For resources and information on flu and prevention strategies, visit www.flu.gov.

Flu vaccination coverage among adults aged 65 and older in the past year ranges from 70.1 percent in Iowa to 50.0 percent in Nevada. Among seniors, national flu vaccination coverage was 59.4 percent.

Health Screenings is the percentage of adults aged 65 to 74 who have had mammograms and/or fecal occult/colonoscopy/sigmoidoscopy screens all within the recommended time period. The senior ranks, based on self-reported data from CDC's 2012 BRFSS, are at www.americashealthrankings.org/all/health_screenings_sr.

Health screenings detect disease in its early stages when it is most easily treated. This measure not only depicts the percentage of older adults receiving recommended screenings, but also provides an indication of whether or not routine visits to a health professional are taking place. The US Preventive Services Task Force recommends that women aged 50 to 74 years receive a breast cancer screening mammogram every 2 years and that current evidence is insufficient to assess whether the benefits of mammography outweigh the costs in women aged 75 years and older.[111] They also recommend that older adults receive regular screening for colorectal cancer beginning at age 50 years and continuing until age 75 years; they do not recommend routine screening in adults older than 75 years.[112] Mammography and colorectal cancer screening tests have saved thousands of lives since their inception and are some of the most important weapons available in the fight against cancer.[113] Although the recommendations for cancer screening have changed in recent years, health screenings are still widely accepted as an important part of preventive medicine. Barriers to receiving health screenings include knowledge of available services, lack of physician recommendation, or lack of disease symptoms.[114] This measure is currently limited to cancer screening due to data availability. However, health screening goes beyond cancer and includes routine procedures like blood pressure and cholesterol checks. Breast cancer and colorectal cancer screening guidelines are at http://www.uspreventiveservicestaskforce.org/uspstf09/breastcancer/brcanrs.htm and http://www.uspreventiveservicestaskforce.org/uspstf/uspscolo.htm.

The percentage of adults aged 65 to 74 who have received the recommended screenings ranges from a high of 92.4 percent in Rhode Island to less than 80.0 percent in Arkansas and Wyoming. Nationally, 86.7 percent of adults aged 65 to 74 received the recommended screenings.

Diabetes Management is the percentage of Medicare beneficiaries aged 65 to 75 with diabetes who receive a blood lipids test. The senior ranks, based on 2010 data from the Dartmouth Atlas of Health Care are at www.americashealthrankings.org/all/diabetes_management_sr. The data for this measure are the same as appeared in the 2013 Edition. Updated data was not available at the time of this report.

There are 3 major types of diabetes: type 1, type 2, and gestational. Type 2 diabetes accounts for 90 to 95 percent of all cases and is by far the most common subtype of diabetes in those aged 65 and older.[115] Diabetes disproportionately affects older adults with rates in the senior population (26.9 percent) double the rates of non-elderly adults (13.7 percent).[116] It is the leading cause of kidney failure, non-traumatic lower limb amputations, and blindness in adults.[116] Overall it is the seventh leading cause of death in the United States and

109. Fluzone high-dose seasonal influenza vaccine. Centers for Disease Prevention and Control Web site. http://www.cdc.gov/flu/protect/vaccine/qa_fluzone.htm. Accessed March 6, 2014.
110. Nichol KL, Margolis KL, Wuorenma J, Von Sternberg T. The efficacy and cost effectiveness of vaccination against influenza among elderly persons living in the community. *N Engl J Med*. 1994;331(12):778-784.
111. US Preventive Services Task Force. *Screening for Breast Cancer: Recommendation Statement*. http://www.uspreventiveservicestaskforce.org/uspstf09/breastcancer/brcanrs.htm. Updated November 2009. Accessed April 1, 2014.
112. US Preventive Services Task Force. *Screening for Colorectal Cancer: Recommendation Statement*. http://www.uspreventiveservicestaskforce.org/uspstf08/colocancer/colors.htm. Updated October 2008. Accessed April 1, 2014.
113. Cantor I. Controversies in cancer screening: focusing on colorectal cancer recommendations. *Integr Cancer Ther.* 9.4 (2010): 322-325.
114. Lasser KE, Ayanian JZ, Fletcher RH, Good MJ. Barriers to colorectal cancer screening in community health centers: A qualitative study. *BMC Fam Pract*. 2008;9:15-2296-9-15
115. Fisher ES, Goodman DC, Chandra A. Disparities in health and health care among Medicare beneficiaries: a brief report of the Dartmouth Atlas. *Dartmouth Atlas*. 2008:1-20.
116. National Diabetes Fact Sheet, 2011. Centers for Disease Control and Prevention Web site. http://www.cdc.gov/diabetes/pubs/pdf/ndfs_2011.pdf. Accessed March 20, 2014.

contributes to the first and fourth leading causes of death — heart disease and stroke.[117] Type 2 diabetes is a largely preventable progressive condition that can be managed through lifestyle modifications and health care interventions including regular diet, exercise, and monitoring of hemoglobin A1c blood levels.[116] Proper management is critical in the senior population to prevent further complications.

In 2012, medical care for type 2 diabetes cost $176 billion and accounted for more than 5 percent of total medical expenditures in the United States.[118] These figures do not include indirect costs from productivity loss. Additional diabetes information for seniors is available at the National Center for Chronic Disease Prevention and Health Promotion at www.cdc.gov/diabetes/ and www.cdc.gov/nccdphp/publications/aag/ddt.htm and the American Diabetes Association at http://www.diabetes.org/living-with-diabetes/seniors/.

The percentage of Medicare beneficiaries who receive appropriate diabetes management ranges from a high of 86.1 percent in Florida to a low of 61.0 percent in Wyoming. The national average is 80.7 percent of Medicare beneficiaries.

Home Health Care is the number of personal, home care, and home health aide direct care workers per 1,000 adults aged 75 or older. The senior ranks, based on 2012 Bureau of Labor Statistics and the US Census Bureau data, are at www.americashealthrankings.org/all/home_health_care_sr.

Most older adults want to stay in their homes, but aging can bring functional losses that make it difficult to remain independent.[119] Home health and personal care aides enable seniors to remain in their homes. They can be used for either short-term periods like recovery from a surgery or longer periods for those suffering from chronic illness or functional decline. A range of assistance levels is available from skilled nursing services to basic assistance with activities of daily living.[120] Home and community-based services are less expensive than institutional costs, and increasing the provision of these services may limit spending growth in the long term care sector.[121] The Affordable Care Act gave states expanded options to pay for home and community-based services through state Medicaid benefits, and provided new funding opportunities through the Community First Choice Option and the State Balancing Incentive Program.[122] Intermittent home care services are also covered by Medicare. A list of available options covered through Medicare can be found at http://www.medicare.gov/coverage/home-health-services.html, and through Medicaid at http://kff.org/medicaid/state-indicator/home-health-services-includes-nursing-services-home-health-aides-and-medical-suppliesequipment/.

The availability of home health care workers varies from a high of 299.6 workers per 1,000 adults 75 years and older in Alaska to a low of 26.9 workers per 1,000 adults aged 75 and older in Florida. The national average is 95.4 home health care workers per 1,000 adults aged 75 and older.

Preventable Hospitalizations is the discharge rate of Medicare beneficiaries aged 65 to 99 with ambulatory care-sensitive conditions. Ambulatory care–sensitive conditions are those "for which good outpatient care can potentially prevent the need for hospitalization, or for which early intervention can prevent complications or more severe disease."[123] These conditions are based on ICD-9-CM diagnosis codes and include: convulsions, chronic obstructive pulmonary disease (COPD), bacterial pneumonia, asthma, congestive heart failure (CHF), hypertension, angina, cellulitis, diabetes, gastroenteritis, kidney/urinary infection, and dehydration. The senior ranks, based on 2011 Dartmouth Atlas of Health Care data, are at www.americashealthrankings.org/all/preventable_hospitalizations_sr.

Preventable hospitalizations reflect how a population uses outpatient health care options, depicting the availability, accessibility, or affordability of ambulatory care services.[124,125] Hospital care makes up the largest component of national

117. Heron M. Deaths: Leading causes for 2010. *National Vital Statistics Reports*. 2013:62(6).
118. American Diabetes Association. Economic costs of diabetes in the US in 2012. *Diabetes Care*. 2013;36(4):1033.
119. Eckert JK, Morgan LA, Swamy N. Preferences for receipt of care among community-dwelling adults. *J Aging Soc Policy*. 2004;16(2):49-65.
120. Facts: Home Health Care. Administration on Aging Web site. http://www.aoa.gov/aoaroot/Press_Room/Products_Materials/fact/pdf/Home_Health_Care. Updated 2013. Accessed February 5, 2013.
121. Kaye HS, LaPlante MP, Harrington C. Do noninstitutional long-term care services reduce Medicaid spending? *Health Affairs*. 2009;28(1):262-272.
122. Summary of the Affordable Care Act. Kaiser Family Foundation Web site. http://kaiserfamilyfoundation.files.wordpress.com/2011/04/8061-021.pdf. Updated 2013. Accessed March 13, 2014.
123. Prevention quality indicators overview. Agency for Health Care Research and Quality Web site. http://www.qualityindicators.ahrq.gov/. Updated 2003. Accessed August 3, 2012.
124. Bindman AB, Grumbach K, Osmond D, Komaromy M, Vranizan K, Lurie N, et al. Preventable hospitalizations and access to health care. *JAMA*. 1995;274(4):305-311.
125. Penchansky R, Thomas JW. The concept of access: Definition and relationship to consumer satisfaction. *Med Care*. 1981;19(2):127-140.
126. National health expenditures 2012 highlights. Centers for Medicare and Medicaid Services Web site. http://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/NationalHealthExpendData/downloads/highlights.pdf. Accessed March 14, 2014.

health spending, costing more than $880 billion in 2012.[126] Discharges for ambulatory care-sensitive services are highly correlated with general admissions, reflecting general overutilization of the hospital setting as a site for care. Preventable hospitalizations impose a nonessential financial burden on health care systems as they could have been avoided with less costly interventions.

The rate of preventable hospitalizations ranges from less than 40.0 discharges per 1,000 Medicare beneficiaries in Hawaii and Utah to 103.1 discharges per 1,000 Medicare beneficiaries in West Virginia. The national average is 64.9 discharges per 1,000 Medicare beneficiaries.

Hospital Readmissions is the percentage of patients aged 65 and older who were readmitted within 30 days of being discharged from the hospital. The senior ranks, based on 2010 The Dartmouth Atlas of Health Care data, are at www.americashealthrankings.org/all/hospital_readmissions_sr. The data for this measure are the same as appeared in the 2013 Edition. Updated data was not available at the time of this report.

There are numerous reasons why a patient may be readmitted to the hospital, including confusion about prescribed medications, miscommunication of important information, or improper follow-up care.[127] Some readmissions are unavoidable, but many can be prevented, and steps can be taken to significantly reduce readmissions. Screening tools have been developed and used to identify seniors at high risk of readmission.[128] In an effort to increase hospital efficiency and quality of care, the Affordable Care Act called for CMS to reprimand hospitals with higher than expected readmission rates through payment reductions, but the effects on readmission are not yet known.[129] Currently, hospital readmissions cost $27 billion annually, and cases that could likely have been avoided with proper care cost $17 billion every year.[129] Dartmouth Atlas has a patient resource with steps to prevent readmissions at http://www.dartmouthatlas.org/downloads/reports/Atlas_CAYC_092811.pdf.

The percentage of adults aged 65 and older who were readmitted within 30 days of being discharged from a hospital varies from a low of 12.3 percent in Utah to a high of 16.9 percent in Kentucky and Rhode Island. Nationally, 15.9 percent of seniors are readmitted within 30 days after being discharged from a hospital.

Hospice Care is the percentage of decedents aged 65 and older who were enrolled in hospice care during the last 6 months of life after a diagnosis of 1 of 9 chronic conditions with a high probability of death. The senior ranks, based on 2010 The Dartmouth Atlas of Health Care data, are at www.americashealthrankings.org/all/hospice_care_sr.

Hospice care is intended for terminally ill patients and emphasizes pain control and emotional support for the patient and family. It can be provided in a health care facility or within the patient's home. Although hospice care is available to patients of any age, seniors accounted for 83.4 percent of hospice patients in 2012.[130] The number of individuals receiving this care has drastically increased in the past decade, which is due in part to the increase in Medicare-certified hospices.[130] Medicare Part A benefits cover certified services for any patient with a prognosis of 6 months or less.[131] In 2009, 28.4 percent of hospice stays ending in death lasted less than 4 days.[132] Transitions to hospice care this close to the end of life are often undesirable, and transitions in the last 3 days of life are categorized as potentially burdensome in evaluations of hospice use.[132] There is a significant disparity among hospice users, with white patients accounting for 82.8 percent of hospice users in 2011.[133] More information and resources on hospice care can be found at the National Hospice and Palliative Care Organization (http://www.nhpco.org/).

The percentage of decedents aged 65 and older who were enrolled in hospice care in the last 6 months of life varies from a high of 63.0 percent in Utah to a low of 22.2 percent in Alaska. Nationally, 47.5 percent of seniors were enrolled in hospice

127. Care about your care: Tips for patients when they leave the hospital, 2011. The Dartmouth Atlas of Health Care Web site. http://www.dartmouthatlas.org/downloads/reports/Atlas_CAYC_092811.pdf. Accessed April 1, 2014.
128. Graf CE, Giannelli SV, Herrmann FR, Sarasin FP, Michel JP, Zekry D, Chevalley T. Identification of older patients at risk of unplanned readmission after discharge from the emergency department: Comparison of two screening tools. *Swiss Med Wkly.* 2012;141:1-9.
129. Goodman D, Fisher E, Chang C. After hospitalization: A Dartmouth Atlas report on readmissions among Medicare beneficiaries. *The Revolving Door: A Report on US Hospital Readmission.* Robert Wood Johnson Foundation, 2013. http://www.rwjf.org/content/dam/farm/reports/reports/2013/rwjf404178. Accessed March 17, 2014.
130. NHPCO Facts and Figures: Hospice Care in America. Alexandria, VA: National Hospice and Palliative Care Organization, October 2013. http://www.nhpco.org/sites/default/files/public/Statistics_Research/2013_Facts_Figures.pdf. Accessed April 16, 2014.
131. Hutcheson A. Hospice care in the United States. *Prim Care Clin Office Pract.* 2011;38:173-182.
132. Teno JM, Gozalo PL, Bynum JP, Leland NE, Miller SC, Morden NE, et al. Change in end-of-life care for Medicare beneficiaries: Site of death, place of care, and health care transitions in 2000, 2005, and 2009. *JAMA.* 2013;309(5):470-477.
133. National Hospice and Palliative Care Organization. Facts and Figures: Hospice Care in America. October 2012:1-15.

care during the last 6 months of life.

Hospital Deaths is the percentage of decedents aged 65 and older who died in a hospital. The senior ranks, based on 2010 The Dartmouth Atlas of Health Care data, are at www.americashealthrankings.org/all/hospital_deaths_sr.

Most seniors prefer to die in the comfort of their own home, and nominate free-standing hospice facilities as the second most preferred option.[134] Despite a societal preference for death at home or in hospice care, many seniors live out the last few days of life in the hospital. This can occur for various reasons, but in many circumstances it is avoidable. Studies show that patients who lack caregivers are more likely to die in an institution.[135] In the past decade, the percentage of older patients dying in hospitals has declined, though this overall trend varies significantly nationally.[136]

The percentage of decedents aged 65 and older who died in a hospital ranges from 16.4 percent in Utah to 35.1 percent in New York. Nationally, 25.0 percent of decedents aged 65 and older died in a hospital.

Health Outcomes

Health outcomes result from a complex web of current or prior behaviors, community and environmental factors, policy influences, and clinical care. Being alive, functioning well mentally, physically, and socially, and a sense of well-being are all considered positive health outcomes.[137] Negative outcomes include death, loss of function, and lack of well-being. In this report, both positive and negative health outcomes are included: ICU usage, falls, hip fractures, health status, able-bodied, premature death, teeth extractions, and mental health days.

ICU Usage is the percentage of decedents aged 65 and older spending 7 or more days in an Intensive Care Unit (ICU) or Critical Care Unit (CCU) in their last 6 months of life. Rates are adjusted for age, sex, and race. The senior ranks, based on 2007 data from the Medicare Provider Analysis and Review, tabulated by the Dartmouth Atlas, are at www.americashealthrankings.org/all/ICU_usage_sr. The data for this measure are the same as appeared in the 2013 Edition. Updated ICU usage data was not available at the time of this report.

Overuse of the critical care system is costly and often goes against the wishes of many dying patients. End-of-life care accounts for one quarter of all Medicare spending.[138] While not correlated with better outcomes or a longer life, ICU usage is correlated with the availability of ICU hospital beds. Physicians in areas with greater availability of beds are more likely to utilize ICU beds regardless of patient preferences or health status. Research indicates that many patients receive care that they would not choose given the choice in the final days of life.[139] Areas with greater ICU usage are high use areas in other aspects as well, including physician visits and hospitalizations. Overuse in ICU utilization implies that there is room for improvements in both efficiency and patient satisfaction.

The percentage of decedents aged 65 and older who spent 7 or more days in the ICU/CCU in their last 6 months of life varies from a low of 5.1 percent in Vermont to a high of 24.7 percent in New Jersey. Nationally, 15.2 percent of decedents aged 65 and older spent 7 or more days in the ICU/CCU in their last 6 months of life.

Falls is the percentage of adults aged 65 and older who report they have fallen at least once in the past 12 months. This is a new definition and is not comparable to the falls measure in the 2013 Edition, which was based on falls in the past 3 months. The senior ranks, based on 2012 data from the CDC's BRFSS, are at www.americashealthrankings.org/all/falls_sr.

Annually, 1 in 3 adults aged 65 and older fall; 20 to 30 percent of these falls result in injuries that affect the ability to carry on with daily activities.[140,141] Falls and their resulting injuries may limit mobility, contribute to social isolation,

134. Higginson IJ, Sen-Gupta GJA. Place of care in advanced cancer: A qualitative systematic literature review of patient preferences. *J Palliat Med.* 2000;3(3):287-300.
135. Hallenbeck J. Access to end-of-life care venues. *Am J Hosp Palliat Care.* 2008;25(3):245-249.
136. Goodman DC, Esty AR, Fisher ES, Chang CH. Trends and variation in end-of-life care for Medicare beneficiaries with severe chronic illness. *Dartmouth Atlas Project.* April 12, 2011.
137. Parrish RG. Measuring population health outcomes. *Prev Chronic Dis.* 2010;7(4):A71. http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2901569/pdf/PCD74A71.pdf. Accessed March 6, 2014.
138. Riley GF, Lubitz JD. Long term trends in Medicare payments in the last year of life. *Health Services Research.* 2010;45(2):565-576.
139. Lorenz, KA, Lynn J, Dy SM, Shugarman LR, Wilkinson A, Mularski RA, et al. Evidence for improving palliative care at the end of life: a systematic review. *Ann Intern Med.* 2008;148(2): 147-59.
140. Hausdorff JM, Rios DA, Edelberg HK. Gait variability and fall risk in community-living older adults: a 1-year prospective study. *Arch Phys Med Rehabil.* 2001;82(8):1050.
141. Stevens JA, Mack KA, Paulozzi LJ, Ballesteros, MF. Self-reported falls and fall-related injuries among persons aged ≥ 65 years—United States, 2006. *Morb Mortal Wkly Rep.* 2008; 57: 225–9.

and even cause premature death. Medicare's average cost per fall is between $9,000 and $13,000, and the total direct medical costs of falls in 2010 were estimated at $30 billion, adjusted for inflation.[142] Falls often lead to hip fractures which are often painful, costly, and severely limit mobility for long periods of time. The risk of falls as well as the risk of an injury increase with age, making falls particularly problematic for persons older than age 75. The National Institute on Aging offers suggestions for ways that older adults can prevent falls at http://www.nia.nih.gov/health/publication/falls-and-fractures.

The percentage of adults aged 65 and older who have fallen within the past 12 months ranges from a low of 14.5 percent in Wisconsin to a high of more than 33.0 percent in Alaska and Montana. Nationally, 27.1 percent of seniors have fallen in the past year.

Hip Fractures is the rate of hospitalization for hip fracture per 1,000 Medicare beneficiaries. The senior ranks, based on 2007 Dartmouth Atlas data, are at www.americashealthrankings.org/all/hip_fractures_sr. The data that appear in this Edition are the same as appeared in the 2013 Edition. Updated hip fracture data was not available at the time of this report.

Hip fractures are serious injuries in older adults that often result in hospitalization, surgery, and extensive rehabilitation, often in a long-term care facility. A hip fracture may signal the end of independence for many; 1 in 4 previously independent older adults remain in a long-term care facility a year after injury.[143] In 2007, there were over 280,000 hospitalizations nationwide for hip fractures, and as many as 1 in 5 persons with a hip fracture will die within a year of the injury.[144] Osteoporosis, physical inactivity, poor vision, certain medications, and general frailty can all contribute towards falls and hip fractures.[145] Interventions to reduce risk of hip fractures may include nutritional supplementation, medications, exercises, use of hip protectors, or other methods.[146] Participating in group exercise programs may improve balance and reduce the risk of falling in older adults.[147] Cognitive-behavioral learning in a small-group environment may also reduce falls.[148] Several community initiatives, including A Matter of Balance, Stepping On, Otago, and Tai Chi programs offer ways for seniors to increase activity, strengthen muscles, and focus on developing better balance.[149] Fall prevention education plays an important role in a multi-faceted fall prevention program, serving to increase knowledge and encourage fall prevention behaviors.[150,151] Seniors should consult their physician about the best ways to prevent hip fractures.

The rate of hospitalizations for hip fractures among Medicare beneficiaries ranges from a low of 3.0 hospitalizations per 1,000 Medicare beneficiaries in Hawaii to a high of 9.2 hospitalizations in Oklahoma. The national average is 7.3 hospitalizations for hip fractures per 1,000 Medicare beneficiaries.

Health Status is the percentage of adults aged 65 and older who report that their health is very good or excellent. The senior ranks, based on 2012 data from the CDC's BRFSS, are at www.americashealthrankings.org/all/health_status_sr.

Self-reported health status is an indicator of the population's self-perceived health. It is a subjective measure of health that is not limited to certain health conditions or outcomes. It is influenced by life experience, the health of loved ones, and many other factors affecting overall well-being such as social support.[152,153] Research has shown that those

142. Stevens JA, Corso, PS, Finkelstein, EA, Miller, TR. The costs of fatal and non-fatal falls among older adults. *Injury Prevention.* 2006;12(5):290-295.
143. Magaziner J, Hawkes W, Hebel JR, Zimmerman SI, Fox KM, Dolan M, et al. Recovery from hip fracture in 8 areas of function. *J Gerontol A: Biol Sci Med Sci.* 2000;55(9):M498-M507.
144. Leibson CL, Tosteson AN, Gabriel SE, Ransom JE, Melton LJ. Mortality, disability, and nursing home use for persons with and without hip fracture: a population-based study. *J Am Geriatr Soc.* 2002;50(10):1644-1650.
145. Falls among older adults: An overview. Centers for Disease Control and Prevention Web site. http://www.cdc.gov/HomeandRecreationalSafety/Falls/adultfalls.html. Updated September 20, 2013. Accessed March 10, 2014.
146. Kannus P, Uusi-Rasi K, Palvanon M, Parkkari J. Non-pharmacological means to prevent fractures among older adults. *Ann Med.* 2005; 37(4):303-10.
147. Barnett A, Smith B, Lord SR, Williams M, Baumand A. Community-based group exercise improves balance and reduces falls in at-risk older people: a randomised controlled trial. *Age Aging.* 2003;32(4): 404-414.
148. Clemson L, Cumming RG, Kendig H, Swann M, Heard R, Taylor K. The effectiveness of a community-based program for reducing the incidence of falls in the elderly: a randomized trial. *J Am Geriat Soc.* 2004;52(9):1487-94.
149. Community Programs. Center for Health Aging. National Council on Aging Web site. http://www.ncoa.org/improve-health/center-for-healthy-aging/falls-prevention/community-programs.html. Accessed March 11, 2014.
150. FallScape Web site. http://www.fallscape.org/index.html. Accessed April 16, 2014.
151. Schepens S, Panzer V, Goldberg A. Randomized controlled trial comparing tailoring methods of multimedia-based fall prevention education for community-dwelling older adults. *Am J Occup Ther.* 2011; 65(6): 702-709.
152. Idler E. In sickness but not in health: Self-ratings, identity, and mortality. *J Health Soc Behav.* 2004;45(3):336.
153. Amstadter AB, Begle AM, Cisler JM, Hernandez MA, Muzzy W, Acierno R. Prevalence and correlates of poor self-rated health in the United States: the national elder mistreatment study. *Am J Geriat Psychiatry.* 2010;18.7: 615.
154. DeSalvo KB. Mortality prediction with a single general self-rated health question. *J Gen Intern Med.* 2006;21(3):267.

with a poorer self-reported health status have higher rates of mortality from all causes.[154] The association between health status and mortality makes it a good predictor of not only future mortality rates, but also future health care use as persons with poor health status will likely seek care.[155]

The percentage of adults aged 65 and older who report their health is very good or excellent varies from a high of 49.3 percent in Colorado to a low of 29.0 percent in Mississippi. Nationally, 39.9 percent of seniors report their health is very good or excellent.

Able-Bodied is the percentage of adults aged 65 and older with no disability. The senior ranks, based on 2012 data from US Census Bureau's Annual Community Survey (ACS), are at www.americashealthrankings.org/all/able-bodied_sr.

Disability can take many shapes, from physical to mental, and has many causes. It can be the outcome of lifestyle, disease, accidents, and/or aging. Over 40 percent of adults aged 65 and older report some sort of disability that interferes with their daily lives.[156] Seniors with a disability are more likely to require hospitalization and long-term care than seniors without a disability.[157] Medical care costs are 3 times higher for disabled than nondisabled seniors.[158] While some disabilities are largely unavoidable, the extent to which they interfere with a person's life can be influenced through actions taken at the personal level, such as exercise and the use of special equipment or aids. Self-management programs such as the Chronic Disease Self-Management Program (CDSMP), which teaches seniors how to better manage their symptoms, maintain medication regimens, and retain functional ability, can help prevent or delay disability in older adults.[159] The burden of disability is also influenced at the community level through programs which allow seniors the ability to remain independent, such as senior transportation programs, home-delivered meals, and those aimed at making communities more accessible for persons with a disability.

To remain able-bodied, staying active is vital. The National Institutes of Health provides useful tips for how seniors can incorporate regular exercise into their lives at http://nihseniorhealth.gov/exerciseforolderadults/healthbenefits/01.html.

The prevalence of able-bodied adults aged 65 and older ranges from a high of 68.2 percent in Minnesota to a low of 54.8 percent in Mississippi. The national average is 63.6 percent of adults aged 65 and older.

Premature Death is the number of deaths per 100,000 adults aged 65 to 74, or the number of deaths that occur within the first decade of being a senior. The senior ranks, based on 2010 data from CDC's National Center for Health Statistics, are at www.americashealthrankings.org/all/premature_death_sr. The data that appear in this Edition are the same as appeared in the 2013 Edition. Updated mortality data was not available at the time of this report.

Premature death is a measure of mortality that reflects the age of death for older adults under 75 years of age. According to 2010 mortality data, cancer, heart disease, chronic lower respiratory diseases, cerebrovascular disease, and diabetes are the top 5 causes of death among older adults aged 65 to 74 years in the United States.[117] Many of these causes of death are preventable through lifestyle modifications. Lung cancer is the largest contributor towards premature cancer deaths, and smoking cessation can greatly decrease the risk of lung cancer. Heart disease is tied to several modifiable risk factors such as obesity, diabetes, and physical inactivity. Type 2 diabetes is associated with numerous modifiable risk factors such as smoking, obesity, physical activity, and diet which make it an ideal target for prevention.[160] A variety of intervention strategies that encourage healthy lifestyles and preventive care can be effective in decreasing premature death in older adults.

The premature death rate varies from a low of 1,425 deaths per 100,000 adults aged 65 to 74 in Hawaii to almost twice that in Mississippi with 2,558 deaths. Nationally, the premature death rate among older adults is 1,909 deaths per 100,000 adults aged 65 to 74.

Teeth Extractions is the percentage of adults

155. DeSalvo KB. Predicting mortality and healthcare utilization with a single question. *Health Serv Res.* 2005;40(4):1234.
156. US Department of Health and Human Services. The Surgeon General's Call to Action to Improve the Health and Wellness of Persons with Disabilities; 2005.
157. McColl MA, Shortt S, Gignac M, Lam M. Disentangling the effects of disability and age on health service utilisation. *Disabil Rehabil.* 2011;33(13-14):1253-1261.
158. Freedman VA, Martin LG, Schoeni RF. Recent trends in disability and functioning among older adults in the United States: a systemic review. *JAMA.* 2002;288(24):3137-3146.:
159. Agency for Healthcare Research and Quality. *Preventing Disability in the Elderly with Chronic Disease: Research in Action, Issue 3.* April 2002. Rockville, MD. http://www.ahrq.gov/research/findings/factsheets/aging/elderdis/index.html. Accessed March 11, 2014.
160. Schulze MB. Primary prevention of diabetes: What can be done and how much can be prevented? *Annu Rev Public Health.* 2005;26(1):445.

aged 65 and older who have had all of their teeth extracted. The senior ranks, based on self-reports from CDC's 2012 BRFSS data, are at www.americashealthrankings.org/all/teeth_extractions_sr. Due to a 2011 BRFSS methodology change, teeth extraction rates in this Edition cannot be directly compared to estimates published in the 2013 Edition.

Teeth extractions are performed for several reasons, including disease/decay, trauma, or crowding, with untreated dental caries and periodontal disease being the most common.[161] The absence of natural teeth may be indicative of a poor diet or limited access to oral health care. Older adults without their natural teeth are at increased risk of heart disease and stroke.[162] Absence of natural teeth can also affect nutrition; dentures are less efficient for chewing food than natural teeth, so people who use dentures may gravitate to softer, more easily chewed foods rather than fruits and vegetables.[163] Tooth loss may negatively impact social interactions and general quality of life for older adults.[164] The percentage of older adults without their natural teeth is decreasing, likely due to improved access to oral health care, public water fluoridation programs, and reduced smoking rates.[165] Currently there are 2 methods to deal with teeth extraction, dentures or implantation, though implantation preference is on the rise among dentists.

Older adults can find ways to maintain good oral health at http://www.cdc.gov/OralHealth/publications/factsheets/adult_oral_health/adult_older.htm.

The prevalence of adults aged 65 and older with full-mouth tooth extraction ranges widely from a low of 7.0 percent in Hawaii to a high of 33.8 percent in West Virginia. Nationally, the prevalence of full-mouth tooth extraction is 16.2 percent of adults aged 65 and older.

Mental Health Days is the average number of days in the previous 30 days that a person aged 65 and older could not perform work or household tasks due to mental illness. The self-reported data relies on the accuracy of each respondent's estimate of the number of limited activity days they experienced in the previous 30 days. The senior ranks, based on 2012 BRFSS data, are at www.americashealthrankings.org/all/mental_health_days_sr.

Poor mental health days provide a general indication of health related quality of life, mental distress, and the burden that serious mental illnesses place on the older adult population. The number of poor mental health days is also a predictor of future health as it predicts 1-month and 12-month office visits and hospitalizations.[167] An estimated 20 percent of adults aged 55 and older experience some type of mental health concern, such as anxiety, cognitive impairment, bipolar disorder, or depression. Depressive disorders are often unrecognized and left untreated or are undertreated in older adults.[168] In extreme cases, poor mental health can lead to suicide, which is the 11th leading cause of death for all ages. The medical costs of mental illness are estimated to be approximately $100 billion annually.[169] Although occasional short periods of mental distress and a few poor mental health days may be unavoidable, more prolonged and serious episodes are treatable and preventable though early interventions.[170]

Good mental health is essential to good overall health and wellness. The National Institute on Aging provides resources for older adults who may be dealing with depression at http://www.nia.nih.gov/health/publication/depression. The Geriatric Mental Health Foundation also offers useful suggestions for ways that older adults can keep mentally well at http://www.gmhfonline.org/gmhf/consumer/factsheets/hlthage_mental.html.

The number of poor mental health days per month varies from 1.5 days in the previous 30 days in South Dakota to 3.2 days in the previous 30 days

161. US Department of Health and Human Services. *Oral health in America: A report of the Surgeon General.* Rockville, MD: US Department of Health and Human Services, National Institute of Dental and Craniofacial Research, National Institutes of Health; 2000. http://www.nidcr.nih.gov/DataStatistics/SurgeonGeneral/sgr/home.htm. Accessed April 16, 2014.
162. Holm-Pedersen P, Schultz-Larsen K, Christiansen N, Avlund K. Tooth loss and subsequent disability and mortality in old age. *J Am Geriatr Soc.* 2008;56(3):429–35.
163. Oral Health for Older Americans. Centers for Disease Control and Prevention Web site. http://www.cdc.gov/OralHealth/publications/factsheets/adult_oral_health/adult_older.htm. Updated July 10, 2013. Accessed April 16, 2014.
164. Jones JA, Orner MB, Spiro A, Kresson NR. Tooth loss and dentures: Patients' perspectives. *Int Dent J.* 2003; 53:327-334.
165. National Center for Health Statistics. *Health, United States, 2011: With Special Feature on Socioeconomic Status and Health.* Hyattsville, MD. 2012. http://www.cdc.gov/nchs/data/hus/hus11.pdf. Accessed April 16, 2014.
166. Di Fiore PM, Tam L, Thai HT, Hittelman E, Norman RG. Retention of teeth versus extraction and implant placement: treatment preferences of dental faculty and dental students. *J Dent Educ.* 2008 Mar;72(3):352-8.
167. Dominick KL, Ahern FM, Gold CH, Heller DA. Relationship of health-related quality of life to health care utilization and mortality among older adults. *Aging Clin Exp Res.* 2002;14:499-508.
168. Centers for Disease Control and Prevention and National Association of Chronic Disease Directors. *The State of Mental Health and Aging in America Issue Brief 1: What Do the Data Tell Us?* Atlanta, GA: National Association of Chronic Disease Directors; 2008.
169. Mark TL, Levit KR, Buck JA, Coffey RM, Vandivort-Warren R. Mental health treatment expenditure trends, 1986– 2003. *Psychiatr Serv.* 2007;58:1041–1048.
170. Moriarty DG. Geographic patterns of frequent mental distress: US adults, 1993–2001 and 2003–2006. *Am J Prev Med.* 2009;36(6):497.

in Kentucky and New York. The national rate is 2.4 days in the previous 30 days.

Supplemental Measures

Education is the percentage of adults aged 65 and older who report having a college degree. This measure, based on a 3-year average of 2009 to 2011 data from the US Census Bureau's 2012 American Community Survey, is available at www.americashealthrankings.org/all/education_sr.

Education is a vital contributor to health as people must be able to learn about, create, and maintain a healthy lifestyle. It's also a strong predictor of life expectancy as well as overall health and well-being.[171] Those with more years of education are more likely to have higher incomes, lower rates of uninsurance, and therefore increased access to health care. Increasing educational attainment has been shown to improve the health status of the population as a whole.[172] Each additional year of education is associated with an increase in health promoting behaviors, and policies aimed at increasing education levels could have a significant impact on health in the long term.[173] Conversely, having a less educated population puts added stress on the medical system of the state.

While obtaining a college degree after the age of 65 is uncommon and its effects on health are unknown, investments in education in early life can have tremendous implications on health throughout life. Thus, efforts to increase educational attainment among the population will improve health through all stages of life.

The percentage of older adults who report having a college degree varies from 31.0 percent in Colorado to 12.3 percent in West Virginia. Nationally, 22.2 percent of adults aged 65 and older report having a college degree.

Multiple Chronic Conditions is the percentage of Medicare beneficiaries with 4 or more chronic conditions. This measure, based on 2007 to 2011 data from the Centers for Medicaid and Medicare Services, is available at www.americashealthrankings.org/all/chronicdisease_sr.

Chronic conditions are those that last more than a year, require ongoing medical attention, and may limit activities of daily living (ADLs). They include not just physical diseases such as diabetes, heart disease, arthritis, and hypertension, but also mental conditions such as depression and dementia. Chronic conditions can negatively impact day-to-day functioning and contribute to frailty, disability, and an increased risk of mortality.[174] Chronic conditions have become the focus of health care, especially in older adults where as many as 3 in 4 adults aged 65 and older have multiple chronic conditions (MCC).[175] Persons with MCC represent one of the neediest segments of the population as each of their chronic conditions is likely to require medication and monitoring. The economic burden of MCC is substantial and roughly two-thirds of all Medicare spending goes towards persons with more than 5 chronic conditions.[176] Compared to adults with no comorbidities or ADLs at age 65, those with 3 or more comorbidities spend an additional $35,000 on medical care over their lifetime and live 5.3 fewer years on average.[177]

Common chronic diseases are largely preventable and are often an outcome of modifiable lifestyle factors and failed prevention strategies. Tobacco use, insufficient physical activity, poor diet, and excessive alcohol consumption are major lifestyle factors that contribute significantly towards multiple chronic diseases and are modifiable behaviors. The US Department of Health and Human Services maintains a database of programs, tools, and research initiatives to address the needs of individuals with MCC at http://www.hhs.gov/ash/initiatives/mcc/mcc-inventory.html. The Health in Aging Foundation offers tips for older adults working with a healthcare professional to manage care for multiple conditions at http://www.healthinaging.org/files/documents/tipsheets/TIPmm.pdf.

The percentage of Medicare beneficiaries with multiple chronic conditions varies from less than 25 percent in Alaska, Wyoming, Montana, and Minnesota to more than 40 percent in Delaware, New Jersey, and Florida. Nationally, 35.8 percent

171. Molla MT, Madans JH, Wagener DK. Differentials in adult mortality and activity limitation by years of education in the United States at the end of the 1990s. *Popul Dev Rev.* 2004;30(4):625-46.
172. Lleras-Muney A. The relationship between education and adult mortality in the United States. *Rev Econ Stud.* 2005;72(1):189.
173. Cutler DM, Lleras-Muney A. *Education and Health: Evaluating Theories and Evidence.* Cambridge, MA: National Bureau of Economic Research; 2006.
174. HHS Initiative on Multiple Chronic Conditions.US Department of Health and Human Services Web site. http://www.hhs.gov/ash/initiatives/mcc/#_edn3. Accessed March 26, 2014.
175. Anderson G. *Chronic Care: Making the Case for Ongoing Care.* Princeton, NJ: Robert Woods Johnson Foundation, 2010. http://www.rwjf.org/en/research-publications/find-rwjf-research/2010/01/chronic-care.html. Accessed April 16, 2014.
176. Partnership for Solutions. *Chronic Conditions: Making the Case for Ongoing Care.* Robert Wood Johnson Foundation; 2002.
177. Joyce GF, Keeler EB, Shang B, Goldman DP. The lifetime burden of chronic disease among the elderly. *Health Aff.* 2005;24 Supp;2:WSR18-29.

of Medicare beneficiaries have multiple chronic conditions.

Cognition is the percentage of adults aged 65 and older who report having a cognitive difficulty. This is defined as having difficulty remembering, concentrating, or making decisions (DREM) due to a physical, mental, or emotional problem.[178] This measure, based on a 3-year average of 2009 to 2011 data from the US Census Bureau's 2012 American Community Survey, is available at www.americashealthrankings.org/all/cognition_sr.

Over 16 million individuals in the United States have cognitive impairment (CI), which may range from mild to severe.[179] Mild CI, marked by a decline in memory and thinking skills, affects nearly 1 in 4 community dwelling seniors.[180] Alzheimer's, a severe form of CI, affects as many as 5.1 million older adults nationwide. Age is the greatest risk factor for CI.

With the US population aging, demand is soaring for support services related to cognitive issues. Cognitive impairment has many causes, from Alzheimer's to injury or stroke, but regardless of the cause the burden is no less significant, especially for the many family caregivers who bear the brunt of the responsibility. A large cost is associated with this condition, as those with CI report 3 times as many hospitalizations as those without.[181] Evidence suggests that keeping intellectually engaged and physically active promotes successful cognitive aging.[182]

The CDC has released a call to action for policymakers on this important issue, available at http://www.cdc.gov/aging/pdf/cognitive_impairment/cogimp_poilicy_final.pdf. The CDC's Healthy Brain Initiative has also produced a Public Health Road Map for State and National Partnerships 2013-2018 for state and local public health agencies at http://www.cdc.gov/aging/healthybrain/resources.htm. The Alzheimer's Association offers information and resources for older adults with mild cognitive impairment on its website at http://www.alz.org/dementia/mild-cognitive-impairment-mci.asp.

The percentage of older adults with a cognitive difficulty varies from 6.6 percent in Minnesota to 13.5 percent in Mississippi. Nationally, 9.4 percent of adults aged 65 and older have a cognitive difficulty.

Depression is the percentage of older adults who were told by a health professional that they have a depressive disorder, including depression, major depression, dysthymia, or minor depression. This measure, based on self-report data from CDC's 2012 BRFSS, is at www.americashealthrankings.org/all/depression_sr.

The rate of older adults who report depression and depressive symptoms varies from 13 to 43 percent depending upon their living situations, with those living in long-term care facilities having the highest rates.[183] The number of persons experiencing or reporting depression is likely to be substantially higher than the number of persons with a diagnosis of depression. Depression and depressive symptoms are an outcome of poor health, lack of social support, and disabilities that affect quality of life. Depression can impair physical, mental, and social functioning of older adults. Seniors with depression, even mild to moderate, are less likely to seek care or services for their health conditions and consequently often have poorer outcomes, placing an added burden on the health care system.[184] They use more medications, incur more outpatient charges, and stay longer in the hospital. The presence of depression complicates treatment of other chronic diseases.[185]

The CDC highlights 3 evidence-based community-based programs for older adults with depression and offers additional resources at http://www.cdc.gov/aging/pdf/mental_health_brief_2.pdf.

The prevalence of depression ranges from less than 10.0 percent of older adults in Hawaii, Delaware, and Wisconsin to more than 17.0 percent in Kentucky and Alabama. Nationally, 13.4

178. Disability: American Community Survey. US Census Bureau Web site. https://www.census.gov/people/disability/methodology/acs.html. Accessed March 27, 2014.
179. Centers for Disease Control and Prevention. Cognitive Impairment: *A Call to Action Now!* February 2011. http://www.cdc.gov/aging/pdf/cognitive_impairment/cogimp_poilicy_final.pdf. Accessed April 16, 2014.
180. Unverzagt FW, Gao S, Baiyewu O, Ogunniyi AO, Gureje O, Perkins A, et al. Prevalence of cognitive impairment data from the Indianapolis Study of Health and Aging. *Neurology*. 2001;57(9):1655-1662.
181. Alzheimer's Association. *Characteristics, Costs and Health Service Use for Medicare Beneficiaries with a Dementia Diagnosis: Report 1: Medicare Current Beneficiary Survey.* Chicago: Alzheimer's Association; 2009.
182. Hertzog C, Kramer AF, Wilson RS, Lindenburger U. Enrichment effects on adult cognitive development: Can the functional capacity of older adults be preserved and enhanced? *Psychol Sci Public Interest*. 2008;(9):1-65.
183. Blazer DG. Epidemiology of depression: prevalence and incidence. *Principles and Practice of Geriatric Psychiatry, Second Edition*. 2002; 389-392.
184. Beekman AT, Penninx BW, Deeg DJ, de Beurs E, Geerling SW, van Tilburg W. The impact of depression on the well-being, disability and use of services in older adults: a longitudinal perspective. *Acta Psychiatr Scand*. 2002;105(1):20-27.
185. Centers for Disease Control and Prevention, National Association of Chronic Disease Directors. *The State of Mental Health and Aging in America, Issue Brief 2: Addressing Depression in Older Adults: Selected Evidence-Based Programs*. Atlanta, GA: National Association of Chronic Disease Directors; 2009.

percent of adults aged 65 and older report being told that they have a depressive disorder.

Suicide is the number of deaths due to intentional self-harm per 100,000 adults aged 65 and older. This measure, based on 2010 death certificates from CDC's National Vital Statistics System, is at www.americashealthrankings.org/all/suicide_sr.

Suicide is a major cause of death in the United States, and older adults are disproportionately at risk. In 2010, the suicide rate in the general population was 12.4 deaths per 100,000. That same year, the rate was 14.5 deaths per 100,000 among adults aged 65 to 84 and 17.6 deaths per 100,000 among those aged 85 and older. Over 8,500 adults aged 60 and older died from suicide in the United States in 2010, and the rate of suicide in white males aged 85 and older is more than 4 times higher than the nation's overall suicide rate. For each successful suicide there are roughly 10 attempted suicides, many of which lead to hospitalizations, and are an indicator of the burden of poor mental health in the population.[186] Suicide attempts among older adults are more lethal than those in younger age groups.[187] Risk factors in older adults include, among others: depression, previous suicide attempt(s), feelings of hopelessness, family discord or loss, physical illness, pain or declining function, and social isolation.[188] Suicide not only affects the individual but can also have serious effects on family and friends.

The risk of suicide can be lessened though prevention. For resources and effective prevention strategies, see www.sprc.org/. The Substance Abuse and Mental Health Services Administration (SAMHSA) and Administration on Aging (AoA) offer resources for health care and social service organizations to help prevent suicide in older adults at http://www.aoa.gov/AoARoot/AoA_Programs/HPW/Behavioral/docs/Older%20Americans%20Issue%20Brief%204_Preventing%20Suicide_508.pdf.

The suicide rate ranges from 6.4 deaths per 100,000 older adults in Rhode Island to a high of 32.3 deaths per 100,000 older adults in Nevada.

186. Miller M. Suicide prevention. *Annu Rev Public Health.* 2012;33(1):393.
187. Administration on Aging, Substance Abuse and Mental Health Services Administration. *Older Americans Behavioral Health Issue Brief 4: Preventing Suicide in Older Adults.* 2012. http://www.aoa.gov/AoARoot/AoA_Programs/HPW/Behavioral/docs/Older%20Americans%20Issue%20Brief%204_Preventing%20Suicide_508.pdf. Accessed April 16, 2014.
188. Conwell Y, Van Orden K, Caine ED. Suicide in older adults. *Psychiatr Clin of North Am.* 2011; 34(2): 451–468.

State-By-State Snapshots

The following pages describe the overall ranking, strengths, challenges, and highlights for each state. To compare your state to other states, go to www.americashealthrankings.org.

On each state's snapshot, there is a separate paragraph that describes a health disparity among older adults within the state. The measures obesity, physical inactivity, and health status were examined for disparities by race/ethnicity, education levels, income levels, sex, and urbanicity. For disparity information for all states, see *Health Disparities* on page 17.

Each snapshot also contains supplemental measures on education, multiple chronic conditions, cognition, depression and suicide. For a review of supplemental measures for all states, see page 47.

In addition, each snapshot looks at the 15-year projected increase in state populations aged 65 and older from 2015 to 2030.

ALABAMA

SENIOR HEALTH

		2014 VALUE	2014 RANK	NO 1 STATE
DETERMINANTS	**BEHAVIORS**			
	Smoking (Percent of adults aged 65+)	9.7	34	4.7
	Chronic Drinking (Percent of adults aged 65+)	2.6	10	1.7
	Obesity (Percent of adults aged 65+)	26.9	32	14.1
	Underweight (Percent of adults aged 65+)	1.7	29	0.8
	Physical Inactivity (Percent of adults aged 65+)	28.6	22	21.1
	Dental Visits (Percent of adults aged 65+)	56.7	44	77.2
	Pain Management (Percent of adults aged 65+)	50.4	33	60.7
	BEHAVIORS TOTAL	-0.06	36	
	COMMUNITY & ENVIRONMENT			
	Poverty (Percent of adults aged 65+)	10.7	41	5.4
	Volunteerism (Percent of adults aged 65+)	21.1	38	39.8
	Nursing Home Quality (Percent of 4 & 5 star beds)	57.7	6	67.3
	C&E — MACRO PERSPECTIVE TOTAL	-0.006	32	
	Social Support (Percent of adults aged 65+)	79.0	35	85.4
	Food Insecurity (Percent of adults aged 60+)	20.3	48	8.4
	Community Support (Dollars per adult aged 65+ in poverty)	$517	40	$8,033
	C&E — MICRO PERSPECTIVE TOTAL	-0.08	48	
	COMMUNITY & ENVIRONMENT TOTAL	-0.086	41	
	POLICY			
	Low-Care Nursing Home Residents (Percent of residents)	14.5	35	1.1
	Prescription Drug Coverage (Percent of adults aged 65+)	88.4	5	89.6
	Geriatrician Shortfall (Percent of needed geriatricians)	76.6	45	13.1
	POLICY TOTAL	-0.035	33	
	CLINICAL CARE			
	Dedicated Health Care Provider (Percent of adults aged 65+)	95.5	16	97.5
	Recommended Hospital Care (Percent of hospitalized patients aged 65+)	98.6	8	99.1
	Flu Vaccine (Percent of adults aged 65+)	61.2	21	70.1
	Health Screenings (Percent of adults aged 65–74)	86.3	24	92.4
	Diabetes Management (Percent of Medicare beneficiaries)	79.7	29	86.1
	Home Health Care (Number of workers per 1,000 adults aged 75+)	54.8	43	299.6
	Preventable Hospitalizations (Discharges per 1,000 Medicare beneficiaries)	76.4	42	27.4
	Hospital Readmissions (Percent of hospitalized patients aged 65+)	15.3	18	12.3
	Hospice Care (Percent of decedents aged 65+)	50.7	15	63.0
	Hospital Deaths (Percent of decedents aged 65+)	27.8	40	16.4
	CLINICAL CARE TOTAL	0.001	23	
	ALL DETERMINANTS	-0.18	39	
OUTCOMES				
	ICU Usage (Percent of decedents aged 65+)	14.1	33	5.1
	Falls (Percent of adults aged 65+)	29.1	29	14.5
	Hip Fractures (Rate per 1,000 Medicare beneficiaries)	8.8	47	3.0
	Health Status (Percent very good or excellent of adults aged 65+)	31.7	47	49.3
	Able-Bodied (Percent of adults aged 65+)	56.9	48	68.2
	Premature Death (Deaths per 100,000 population aged 65–74)	2403	47	1425
	Teeth Extractions (Percent of adults aged 65+)	23.6	43	7.0
	Mental Health Days (Days in previous 30 days)	2.7	43	1.5
	ALL OUTCOMES	-0.289	48	
	OVERALL	-0.469	44	

SUPPLEMENTAL MEASURES

	2014 VALUE	2014 RANK	NO 1 STATE
Education (Percent of adults aged 65+)	17.6	40	31.0
Multiple Chronic Conditions (Percent of adults aged 65+)	36.8	38	20.9
Cognition (Percent of adults aged 65+)	12.4	49	6.6
Depression (Percent of adults aged 65+)	18.5	50	8.3
Suicide (Deaths per 100,000 adults aged 65+)	16.8	33	6.4

SENIOR POPULATION GROWTH	STATE	US
Projected Increase 2015–2030	40.5	52.7

Overall Rank: 44

Determinants Rank: 39
Outcomes Rank: 48

Strengths:

- Low prevalence of chronic drinking
- High prescription drug coverage
- High percentage of recommended hospital care

Challenges:

- High prevalence of food insecurity
- Limited availability of home health care workers and geriatricians
- High rate of preventable hospitalizations

Ranking: Alabama is 44th in this Senior Report. In the 2013 Edition, it ranked 44th.

Highlights:

- In Alabama, 66,000 seniors smoke and 183,000 seniors are obese.
- Food insecurity increased by 3 percent in the past year, from 17.3 percent to 20.3 percent of adults aged 60 and older.
- In the past year, physical inactivity among seniors decreased from 36.9 percent to 28.6 percent, improving the state's physical inactivity rank from 44th to 22nd.
- Alabama fares well on chronic drinking among seniors, placing in the top 10 nationally for the second consecutive year, despite an increase from 1.9 percent to 2.6 percent of adults aged 65 and older.
- Only 56.7 percent of adults aged 65 and older reported visiting the dentist or dental clinic in the past year.

Disparities: In Alabama, 15.6 percent of seniors with an income greater than $75,000 are physically inactive compared to 38.4 percent of seniors with an income less than $25,000.

State Health Department Website:
www.adph.org

For a more detailed look at this data, visit **www.americashealthrankings.org**/senior/AL

ALASKA

SENIOR HEALTH

		2014 VALUE	2014 RANK	NO 1 STATE
DETERMINANTS	BEHAVIORS			
	Smoking (Percent of adults aged 65+)	11.6	45	4.7
	Chronic Drinking (Percent of adults aged 65+)	5.3	46	1.7
	Obesity (Percent of adults aged 65+)	26.8	28	14.1
	Underweight (Percent of adults aged 65+)	1.7	29	0.8
	Physical Inactivity (Percent of adults aged 65+)	26.9	12	21.1
	Dental Visits (Percent of adults aged 65+)	62.4	35	77.2
	Pain Management (Percent of adults aged 65+)	42.5	50	60.7
	BEHAVIORS TOTAL	-0.196	49	
	COMMUNITY & ENVIRONMENT			
	Poverty (Percent of adults aged 65+)	5.4	1	5.4
	Volunteerism (Percent of adults aged 65+)	30.0	12	39.8
	Nursing Home Quality (Percent of 4 & 5 star beds)	39.3	46	67.3
	C&E — MACRO PERSPECTIVE TOTAL	0.056	18	
	Social Support (Percent of adults aged 65+)	79.4	31	85.4
	Food Insecurity (Percent of adults aged 60+)	13.0	19	8.4
	Community Support (Dollars per adult aged 65+ in poverty)	$8,033	1	$8,033
	C&E — MICRO PERSPECTIVE TOTAL	0.08	7	
	COMMUNITY & ENVIRONMENT TOTAL	0.135	12	
	POLICY			
	Low-Care Nursing Home Residents (Percent of residents)	12.2	27	1.1
	Prescription Drug Coverage (Percent of adults aged 65+)	81.4	48	89.6
	Geriatrician Shortfall (Percent of needed geriatricians)	54.2	16	13.1
	POLICY TOTAL	-0.086	42	
	CLINICAL CARE			
	Dedicated Health Care Provider (Percent of adults aged 65+)	83.1	50	97.5
	Recommended Hospital Care (Percent of hospitalized patients aged 65+)	98.5	10	99.1
	Flu Vaccine (Percent of adults aged 65+)	50.8	48	70.1
	Health Screenings (Percent of adults aged 65–74)	86.2	25	92.4
	Diabetes Management (Percent of Medicare beneficiaries)	66.0	49	86.1
	Home Health Care (Number of workers per 1,000 adults aged 75+)	299.6	1	299.6
	Preventable Hospitalizations (Discharges per 1,000 Medicare beneficiaries)	53.1	12	27.4
	Hospital Readmissions (Percent of hospitalized patients aged 65+)	13.6	2	12.3
	Hospice Care (Percent of decedents aged 65+)	22.2	50	63.0
	Hospital Deaths (Percent of decedents aged 65+)	28.5	45	16.4
	CLINICAL CARE TOTAL	-0.045	41	
	ALL DETERMINANTS	-0.191	41	
OUTCOMES				
	ICU Usage (Percent of decedents aged 65+)	8.3	12	5.1
	Falls (Percent of adults aged 65+)	33.7	50	14.5
	Hip Fractures (Rate per 1,000 Medicare beneficiaries)	7.3	27	3.0
	Health Status (Percent very good or excellent of adults aged 65+)	44.0	14	49.3
	Able-Bodied (Percent of adults aged 65+)	59.5	41	68.2
	Premature Death (Deaths per 100,000 population aged 65–74)	1935	33	1425
	Teeth Extractions (Percent of adults aged 65+)	15.6	21	7.0
	Mental Health Days (Days in previous 30 days)	2.2	18	1.5
	ALL OUTCOMES	0.001	31	
	OVERALL	-0.19	36	

SUPPLEMENTAL MEASURES

	2014 VALUE	2014 RANK	NO 1 STATE
Education (Percent of adults aged 65+)	25.5	13	31.0
Multiple Chronic Conditions (Percent of adults aged 65+)	20.9	1	20.9
Cognition (Percent of adults aged 65+)	10.1	36	6.6
Depression (Percent of adults aged 65+)	14.8	34	8.3
Suicide (Deaths per 100,000 adults aged 65+)	22.8	45	6.4

SENIOR POPULATION GROWTH	STATE	US
Projected Increase 2015–2030	69.6	52.7

Overall Rank: 36

Determinants Rank: 41
Outcomes Rank: 31

Strengths:

- Lowest prevalence of seniors living in poverty
- Highest community support expenditures
- Ready availability of home health care workers

Challenges:

- Lowest use of hospice care
- Lowest percentage of dedicated health care providers
- Highest prevalence of falls

Ranking: Alaska is 36th in this Senior Report. In the 2013 Edition, it ranked 39th.

Highlights:

- In Alaska, 5.4 percent of seniors live in poverty, the lowest rate in the nation.
- In the past year, chronic drinking decreased from 6.9 percent to 5.3 percent of adults aged 65 and older.
- In the past year, use of hospice care increased from 15.6 percent to 22.2 percent of decedents aged 65 and older; however, Alaska still ranks last in the country.
- Flu vaccination coverage remains low, at roughly half of seniors.
- In the past year, the number of home health care workers increased from 290 to 299 workers per 1,000 adults aged 75 and older; the highest number in the nation.
- In the past year, hospital deaths decreased from 31.1 percent to 28.5 percent of decedents aged 65 and older; however, Alaska fell behind the national pace, dropping from 34th to 45th in rank.

Disparities: In Alaska, 58.5 percent of seniors with an income greater than $75,000 report their health is very good or excellent compared to only 31.0 percent of seniors with an income less than $25,000.

State Health Department Website:
http://health.hss.state.ak.us

For a more detailed look at this data, visit **www.americashealthrankings.org**/senior/AK

ARIZONA

SENIOR HEALTH

		2014 VALUE	2014 RANK	NO 1 STATE
DETERMINANTS	**BEHAVIORS**			
	Smoking (Percent of adults aged 65+)	9.5	31	4.7
	Chronic Drinking (Percent of adults aged 65+)	4.2	30	1.7
	Obesity (Percent of adults aged 65+)	22.5	7	14.1
	Underweight (Percent of adults aged 65+)	2.1	44	0.8
	Physical Inactivity (Percent of adults aged 65+)	25.8	7	21.1
	Dental Visits (Percent of adults aged 65+)	65.6	25	77.2
	Pain Management (Percent of adults aged 65+)	54.8	13	60.7
	BEHAVIORS TOTAL	0.031	18	
	COMMUNITY & ENVIRONMENT			
	Poverty (Percent of adults aged 65+)	8.2	25	5.4
	Volunteerism (Percent of adults aged 65+)	17.6	48	39.8
	Nursing Home Quality (Percent of 4 & 5 star beds)	47.7	27	67.3
	C&E — MACRO PERSPECTIVE TOTAL	-0.022	39	
	Social Support (Percent of adults aged 65+)	78.5	38	85.4
	Food Insecurity (Percent of adults aged 60+)	12.3	16	8.4
	Community Support (Dollars per adult aged 65+ in poverty)	$569	34	$8,033
	C&E — MICRO PERSPECTIVE TOTAL	-0.004	30	
	COMMUNITY & ENVIRONMENT TOTAL	-0.026	32	
	POLICY			
	Low-Care Nursing Home Residents (Percent of residents)	10.4	21	1.1
	Prescription Drug Coverage (Percent of adults aged 65+)	87.0	20	89.6
	Geriatrician Shortfall (Percent of needed geriatricians)	65.1	25	13.1
	POLICY TOTAL	0.009	19	
	CLINICAL CARE			
	Dedicated Health Care Provider (Percent of adults aged 65+)	92.2	42	97.5
	Recommended Hospital Care (Percent of hospitalized patients aged 65+)	97.7	40	99.1
	Flu Vaccine (Percent of adults aged 65+)	52.3	46	70.1
	Health Screenings (Percent of adults aged 65–74)	85.1	32	92.4
	Diabetes Management (Percent of Medicare beneficiaries)	75.3	39	86.1
	Home Health Care (Number of workers per 1,000 adults aged 75+)	89.6	20	299.6
	Preventable Hospitalizations (Discharges per 1,000 Medicare beneficiaries)	51.4	10	27.4
	Hospital Readmissions (Percent of hospitalized patients aged 65+)	15.6	23	12.3
	Hospice Care (Percent of decedents aged 65+)	62.9	2	63.0
	Hospital Deaths (Percent of decedents aged 65+)	17.8	2	16.4
	CLINICAL CARE TOTAL	-0.002	28	
	ALL DETERMINANTS	0.013	26	
OUTCOMES				
	ICU Usage (Percent of decedents aged 65+)	15.7	38	5.1
	Falls (Percent of adults aged 65+)	27.2	18	14.5
	Hip Fractures (Rate per 1,000 Medicare beneficiaries)	7.2	23	3.0
	Health Status (Percent very good or excellent of adults aged 65+)	45.6	6	49.3
	Able-Bodied (Percent of adults aged 65+)	66.7	9	68.2
	Premature Death (Deaths per 100,000 population aged 65–74)	1624	7	1425
	Teeth Extractions (Percent of adults aged 65+)	13.3	9	7.0
	Mental Health Days (Days in previous 30 days)	2.3	23	1.5
	ALL OUTCOMES	0.121	15	
	OVERALL	0.134	23	

SUPPLEMENTAL MEASURES

	2014 VALUE	2014 RANK	NO 1 STATE
Education (Percent of adults aged 65+)	25.6	12	31.0
Multiple Chronic Conditions (Percent of adults aged 65+)	31.1	20	20.9
Cognition (Percent of adults aged 65+)	8.0	14	6.6
Depression (Percent of adults aged 65+)	13.6	22	8.3
Suicide (Deaths per 100,000 adults aged 65+)	22.8	45	6.4

SENIOR POPULATION GROWTH	STATE	US
Projected Increase 2015–2030	100.7	52.7

Overall Rank: 23

Determinants Rank: 26
Outcomes Rank: 15

Strengths:
- Low prevalence of obesity
- High use of hospice care
- Low percentage of hospital deaths

Challenges:
- High prevalence of underweight seniors
- Low percentage of volunteerism
- Low flu vaccination coverage

Ranking: Arizona is 23rd in this Senior Report. In the 2013 Edition, it ranked 18th.

Highlights:
- In the past year, smoking increased from 8.9 percent of seniors to 9.5 percent, moving the smoking rank from 19th to 31st.
- Arizona remains in the top 10 states for obesity; however, more than 225,000 seniors are obese.
- The prevalence of underweight seniors decreased by 19 percent in the past year; however, more than 20,000 seniors are underweight.
- The percentage of seniors using hospice care increased by 15 percent in the past year, and hospital deaths among seniors decreased by 16 percent.
- In the past year, flu vaccination coverage decreased by 10 percent.
- Volunteerism remains low; in the past year, it decreased from 18.8 percent to 17.6 percent of adults aged 65 and older.

Disparities: In Arizona, 19.9 percent of seniors with a high school education are obese compared to 37.8 percent of seniors with a less than high school education.

State Health Department Website:
www.azdhs.gov

For a more detailed look at this data, visit **www.americashealthrankings.org**/senior/AZ

ARKANSAS

SENIOR HEALTH

		2014 VALUE	2014 RANK	NO 1 STATE
DETERMINANTS	**BEHAVIORS**			
	Smoking (Percent of adults aged 65+)	10.2	40	4.7
	Chronic Drinking (Percent of adults aged 65+)	2.7	11	1.7
	Obesity (Percent of adults aged 65+)	25.9	18	14.1
	Underweight (Percent of adults aged 65+)	2.3	47	0.8
	Physical Inactivity (Percent of adults aged 65+)	33.2	43	21.1
	Dental Visits (Percent of adults aged 65+)	53.8	46	77.2
	Pain Management (Percent of adults aged 65+)	49.8	39	60.7
	BEHAVIORS TOTAL	-0.168	47	
	COMMUNITY & ENVIRONMENT			
	Poverty (Percent of adults aged 65+)	10.6	40	5.4
	Volunteerism (Percent of adults aged 65+)	19.3	43	39.8
	Nursing Home Quality (Percent of 4 & 5 star beds)	56.8	9	67.3
	C&E — MACRO PERSPECTIVE TOTAL	-0.017	37	
	Social Support (Percent of adults aged 65+)	81.3	16	85.4
	Food Insecurity (Percent of adults aged 60+)	24.2	50	8.4
	Community Support (Dollars per adult aged 65+ in poverty)	$764	23	$8,033
	C&E — MICRO PERSPECTIVE TOTAL	-0.057	41	
	COMMUNITY & ENVIRONMENT TOTAL	-0.074	37	
	POLICY			
	Low-Care Nursing Home Residents (Percent of residents)	17.3	43	1.1
	Prescription Drug Coverage (Percent of adults aged 65+)	86.5	25	89.6
	Geriatrician Shortfall (Percent of needed geriatricians)	70.0	34	13.1
	POLICY TOTAL	-0.081	41	
	CLINICAL CARE			
	Dedicated Health Care Provider (Percent of adults aged 65+)	92.4	41	97.5
	Recommended Hospital Care (Percent of hospitalized patients aged 65+)	98.2	22	99.1
	Flu Vaccine (Percent of adults aged 65+)	57.2	37	70.1
	Health Screenings (Percent of adults aged 65–74)	78.9	50	92.4
	Diabetes Management (Percent of Medicare beneficiaries)	75.6	38	86.1
	Home Health Care (Number of workers per 1,000 adults aged 75+)	113.9	12	299.6
	Preventable Hospitalizations (Discharges per 1,000 Medicare beneficiaries)	77.0	44	27.4
	Hospital Readmissions (Percent of hospitalized patients aged 65+)	16.7	44	12.3
	Hospice Care (Percent of decedents aged 65+)	45.8	27	63.0
	Hospital Deaths (Percent of decedents aged 65+)	25.3	29	16.4
	CLINICAL CARE TOTAL	-0.086	46	
	ALL DETERMINANTS	-0.409	47	
OUTCOMES				
	ICU Usage (Percent of decedents aged 65+)	11.9	23	5.1
	Falls (Percent of adults aged 65+)	31.0	40	14.5
	Hip Fractures (Rate per 1,000 Medicare beneficiaries)	8.5	45	3.0
	Health Status (Percent very good or excellent of adults aged 65+)	32.6	44	49.3
	Able-Bodied (Percent of adults aged 65+)	57.4	46	68.2
	Premature Death (Deaths per 100,000 population aged 65–74)	2268	44	1425
	Teeth Extractions (Percent of adults aged 65+)	23.7	44	7.0
	Mental Health Days (Days in previous 30 days)	2.7	43	1.5
	ALL OUTCOMES	-0.256	46	
	OVERALL	-0.665	46	

SUPPLEMENTAL MEASURES

	2014 VALUE	2014 RANK	NO 1 STATE
Education (Percent of adults aged 65+)	15.7	47	31.0
Multiple Chronic Conditions (Percent of adults aged 65+)	32.4	23	20.9
Cognition (Percent of adults aged 65+)	11.3	43	6.6
Depression (Percent of adults aged 65+)	16.1	43	8.3
Suicide (Deaths per 100,000 adults aged 65+)	17.3	37	6.4

SENIOR POPULATION GROWTH	STATE	US
Projected Increase 2015–2030	40.3	52.7

Overall Rank: 46

Determinants Rank: 47
Outcomes Rank: 46

Strengths:

- Low prevalence of chronic drinking
- High percentage of quality nursing home beds
- Ready availability of home health care workers

Challenges:

- High prevelance of underweight seniors
- Highest prevalence of food insecurity
- Lowest percentage of health screenings

Ranking: Arkansas is 46th in this Senior Report. In the 2013 Edition, it ranked 47th.

Highlights:

- Arkansas ranks 50th in food insecurity, with nearly 1 in 4 adults aged 60 and older marginally food insecure.
- In the past year, physical inactivity among seniors decreased from 37.4 percent to 33.2 percent of seniors.
- In Arkansas, 44,000 seniors smoke, and 112,000 seniors are obese.
- In the past year, use of hospice care among seniors increased by 43 percent, and hospital deaths among seniors decreased by 24 percent.
- The geriatrician shortfall remains high, with a shortage of 70.0 percent of the estimated need.
- In the past year, quality nursing homes increased by 26 percent, from 45.0 percent to 56.8 percent of beds rated 4 or 5 stars.

Disparities: In Arkansas, 45.7 percent of seniors with a college education report their health is very good or excellent compared to only 13.7 percent of seniors with less than a high school education.

State Health Department Website:
www.healthyarkansas.com

For a more detailed look at this data, visit **www.americashealthrankings.org**/senior/AR

CALIFORNIA

SENIOR HEALTH

		2014 VALUE	2014 RANK	NO 1 STATE
DETERMINANTS	BEHAVIORS			
	Smoking (Percent of adults aged 65+)	5.9	3	4.7
	Chronic Drinking (Percent of adults aged 65+)	4.3	32	1.7
	Obesity (Percent of adults aged 65+)	21.1	5	14.1
	Underweight (Percent of adults aged 65+)	1.6	25	0.8
	Physical Inactivity (Percent of adults aged 65+)	21.4	2	21.1
	Dental Visits (Percent of adults aged 65+)	73.2	6	77.2
	Pain Management (Percent of adults aged 65+)	50.5	31	60.7
	BEHAVIORS TOTAL	0.19	1	
	COMMUNITY & ENVIRONMENT			
	Poverty (Percent of adults aged 65+)	10.1	37	5.4
	Volunteerism (Percent of adults aged 65+)	22.3	36	39.8
	Nursing Home Quality (Percent of 4 & 5 star beds)	51.6	20	67.3
	C&E — MACRO PERSPECTIVE TOTAL	-0.014	35	
	Social Support (Percent of adults aged 65+)	77.0	45	85.4
	Food Insecurity (Percent of adults aged 60+)	17.2	40	8.4
	Community Support (Dollars per adult aged 65+ in poverty)	$560	35	$8,033
	C&E — MICRO PERSPECTIVE TOTAL	-0.069	43	
	COMMUNITY & ENVIRONMENT TOTAL	-0.083	40	
	POLICY			
	Low-Care Nursing Home Residents (Percent of residents)	11.4	24	1.1
	Prescription Drug Coverage (Percent of adults aged 65+)	88.4	5	89.6
	Geriatrician Shortfall (Percent of needed geriatricians)	58.2	20	13.1
	POLICY TOTAL	0.05	11	
	CLINICAL CARE			
	Dedicated Health Care Provider (Percent of adults aged 65+)	95.5	16	97.5
	Recommended Hospital Care (Percent of hospitalized patients aged 65+)	97.9	35	99.1
	Flu Vaccine (Percent of adults aged 65+)	57.9	33	70.1
	Health Screenings (Percent of adults aged 65–74)	89.2	10	92.4
	Diabetes Management (Percent of Medicare beneficiaries)	80.0	27	86.1
	Home Health Care (Number of workers per 1,000 adults aged 75+)	55.0	42	299.6
	Preventable Hospitalizations (Discharges per 1,000 Medicare beneficiaries)	49.9	8	27.4
	Hospital Readmissions (Percent of hospitalized patients aged 65+)	15.7	27	12.3
	Hospice Care (Percent of decedents aged 65+)	41.3	39	63.0
	Hospital Deaths (Percent of decedents aged 65+)	29.3	47	16.4
	CLINICAL CARE TOTAL	-0.019	34	
	ALL DETERMINANTS	0.137	15	
OUTCOMES				
	ICU Usage (Percent of decedents aged 65+)	20.3	48	5.1
	Falls (Percent of adults aged 65+)	30.2	34	14.5
	Hip Fractures (Rate per 1,000 Medicare beneficiaries)	6.4	5	3.0
	Health Status (Percent very good or excellent of adults aged 65+)	44.8	11	49.3
	Able-Bodied (Percent of adults aged 65+)	63.3	28	68.2
	Premature Death (Deaths per 100,000 population aged 65–74)	1586	5	1425
	Teeth Extractions (Percent of adults aged 65+)	8.7	2	7.0
	Mental Health Days (Days in previous 30 days)	2.5	35	1.5
	ALL OUTCOMES	0.073	22	
	OVERALL	0.21	18	

SUPPLEMENTAL MEASURES

	2014 VALUE	2014 RANK	NO 1 STATE
Education (Percent of adults aged 65+)	27.2	7	31.0
Multiple Chronic Conditions (Percent of adults aged 65+)	33.8	24	20.9
Cognition (Percent of adults aged 65+)	10.7	40	6.6
Depression (Percent of adults aged 65+)	10.9	4	8.3
Suicide (Deaths per 100,000 adults aged 65+)	16.7	32	6.4

SENIOR POPULATION GROWTH	STATE	US
Projected Increase 2015–2030	58.5	52.7

Overall Rank: 18

Determinants Rank: 15
Outcomes Rank: 22

Strengths:

- Low prevalence of smoking
- Low prevalence of physical inactivity
- High prescription drug coverage

Challenges:

- High percentage of hospital deaths
- Limited availability of home health care workers
- High prevalence of food insecurity

Ranking: California is 18th in this Senior Report. In the 2013 Edition, it ranked 24th.

Highlights:

- Califronia ranks 1st for all behaviors combined.
- In California, 990,000 seniors are obese and more than 1 million seniors are physically inactive.
- In the past year, use of hospice care among seniors increased by 28 percent, and hospital deaths among seniors decreased by 10 percent.
- In the last year, nursing home quality increased from 45.6 percent to 51.6 percent of beds rated 4 or 5 stars.
- California ranks in the top 10 for oral health measures, dental visits and teeth extractions.

Disparities: In California, 66.9 percent of seniors with an income greater than $75,000 report their health is very good or excellent compared to only 27.7 percent of seniors with an income less than $25,000.

State Health Department Website:
www.cdph.ca.gov

For a more detailed look at this data, visit **www.americashealthrankings.org**/senior/CA

COLORADO

SENIOR HEALTH

DETERMINANTS		2014 VALUE	2014 RANK		NO 1 STATE
	BEHAVIORS				
	Smoking (Percent of adults aged 65+)	9.1	28		4.7
	Chronic Drinking (Percent of adults aged 65+)	5.2	45		1.7
	Obesity (Percent of adults aged 65+)	19.6	2		14.1
	Underweight (Percent of adults aged 65+)	2.1	44		0.8
	Physical Inactivity (Percent of adults aged 65+)	21.7	3		21.1
	Dental Visits (Percent of adults aged 65+)	70.2	14		77.2
	Pain Management (Percent of adults aged 65+)	52.7	19		60.7
	BEHAVIORS TOTAL	0.083	9		
	COMMUNITY & ENVIRONMENT				
	Poverty (Percent of adults aged 65+)	7.9	19		5.4
	Volunteerism (Percent of adults aged 65+)	29.3	14		39.8
	Nursing Home Quality (Percent of 4 & 5 star beds)	59.7	4		67.3
	C&E — MACRO PERSPECTIVE TOTAL	0.097	7		
	Social Support (Percent of adults aged 65+)	81.7	13		85.4
	Food Insecurity (Percent of adults aged 60+)	10.9	7		8.4
	Community Support (Dollars per adult aged 65+ in poverty)	$651	29		$8,033
	C&E — MICRO PERSPECTIVE TOTAL	0.045	14		
	COMMUNITY & ENVIRONMENT TOTAL	0.142	10		
	POLICY				
	Low-Care Nursing Home Residents (Percent of residents)	12.7	29		1.1
	Prescription Drug Coverage (Percent of adults aged 65+)	87.1	18		89.6
	Geriatrician Shortfall (Percent of needed geriatricians)	64.4	24		13.1
	POLICY TOTAL	-0.009	23		
	CLINICAL CARE				
	Dedicated Health Care Provider (Percent of adults aged 65+)	94.6	31		97.5
	Recommended Hospital Care (Percent of hospitalized patients aged 65+)	98.2	22		99.1
	Flu Vaccine (Percent of adults aged 65+)	66.2	9		70.1
	Health Screenings (Percent of adults aged 65–74)	83.8	38		92.4
	Diabetes Management (Percent of Medicare beneficiaries)	74.6	43		86.1
	Home Health Care (Number of workers per 1,000 adults aged 75+)	114.4	11		299.6
	Preventable Hospitalizations (Discharges per 1,000 Medicare beneficiaries)	43.7	5		27.4
	Hospital Readmissions (Percent of hospitalized patients aged 65+)	14.8	9		12.3
	Hospice Care (Percent of decedents aged 65+)	53.8	10		63.0
	Hospital Deaths (Percent of decedents aged 65+)	18.2	3		16.4
	CLINICAL CARE TOTAL	0.071	9		
	ALL DETERMINANTS	0.288	7		
OUTCOMES					
	ICU Usage (Percent of decedents aged 65+)	9.8	18		5.1
	Falls (Percent of adults aged 65+)	27.4	21		14.5
	Hip Fractures (Rate per 1,000 Medicare beneficiaries)	7.5	31		3.0
	Health Status (Percent very good or excellent of adults aged 65+)	49.3	1		49.3
	Able-Bodied (Percent of adults aged 65+)	66.4	10		68.2
	Premature Death (Deaths per 100,000 population aged 65–74)	1545	2		1425
	Teeth Extractions (Percent of adults aged 65+)	12.4	5		7.0
	Mental Health Days (Days in previous 30 days)	1.9	8		1.5
	ALL OUTCOMES	0.217	4		
	OVERALL	0.505	6		

SUPPLEMENTAL MEASURES

	2014 VALUE	2014 RANK		NO 1 STATE
Education (Percent of adults aged 65+)	31.0	1		31.0
Multiple Chronic Conditions (Percent of adults aged 65+)	25.7	7		20.9
Cognition (Percent of adults aged 65+)	7.7	11		6.6
Depression (Percent of adults aged 65+)	13.1	19		8.3
Suicide (Deaths per 100,000 adults aged 65+)	20.5	42		6.4

SENIOR POPULATION GROWTH	STATE	US
Projected Increase 2015–2030	52.4	52.7

Overall Rank: 6

Determinants Rank: 7
Outcomes Rank: 4

Strengths:

- Low prevalences of obesity and physical inactivity
- Low percentage of hospital deaths
- Low premature death rate

Challenges:

- High prevalence of chronic drinking
- High prevalence of underweight seniors
- Low percentage of diabetes management

Ranking: Colorado is 6th in this Senior Report. In the 2013 Edition, it ranked 6th.

Highlights:

- Colorado has one of the lowest obesity rates in the nation; 109,000 adults aged 65 and older are still obese.
- In the past year, volunteerism increased from 25.8 percent of seniors to 29.3 percent.
- Colorado has one of the highest chronic drinking rates in the nation. In the last year, chronic drinking increased from 3.6 percent to 5.2 percent of seniors.
- Colorado ranks first in the supplemental measure, college education among seniors.
- In the past year, nursing home quality increased from 48.2 percent to 59.7 percent of beds rated 4 or 5 stars.

Disparities: In Colorado, 23.6 percent of seniors with less than a high school education smoke compared to only 4.5 percent of seniors with a college education.

State Health Department Website:
www.cdphe.state.co.us

For a more detailed look at this data, visit **www.americashealthrankings.org**/senior/CO

CONNECTICUT

SENIOR HEALTH

		2014 VALUE	2014 RANK	NO 1 STATE
DETERMINANTS	**BEHAVIORS**			
	Smoking (Percent of adults aged 65+)	7.6	8	4.7
	Chronic Drinking (Percent of adults aged 65+)	4.4	33	1.7
	Obesity (Percent of adults aged 65+)	26.5	26	14.1
	Underweight (Percent of adults aged 65+)	1.2	7	0.8
	Physical Inactivity (Percent of adults aged 65+)	29.2	26	21.1
	Dental Visits (Percent of adults aged 65+)	74.5	4	77.2
	Pain Management (Percent of adults aged 65+)	52.0	26	60.7
	BEHAVIORS TOTAL	0.064	11	
	COMMUNITY & ENVIRONMENT			
	Poverty (Percent of adults aged 65+)	6.7	5	5.4
	Volunteerism (Percent of adults aged 65+)	26.5	22	39.8
	Nursing Home Quality (Percent of 4 & 5 star beds)	52.6	19	67.3
	C&E — MACRO PERSPECTIVE TOTAL	0.074	12	
	Social Support (Percent of adults aged 65+)	78.8	36	85.4
	Food Insecurity (Percent of adults aged 60+)	11.4	12	8.4
	Community Support (Dollars per adult aged 65+ in poverty)	$1,067	14	$8,033
	C&E — MICRO PERSPECTIVE TOTAL	0.021	22	
	COMMUNITY & ENVIRONMENT TOTAL	0.094	18	
	POLICY			
	Low-Care Nursing Home Residents (Percent of residents)	15.1	38	1.1
	Prescription Drug Coverage (Percent of adults aged 65+)	86.6	24	89.6
	Geriatrician Shortfall (Percent of needed geriatricians)	40.6	7	13.1
	POLICY TOTAL	0.03	14	
	CLINICAL CARE			
	Dedicated Health Care Provider (Percent of adults aged 65+)	95.5	16	97.5
	Recommended Hospital Care (Percent of hospitalized patients aged 65+)	97.7	40	99.1
	Flu Vaccine (Percent of adults aged 65+)	59.5	30	70.1
	Health Screenings (Percent of adults aged 65–74)	89.7	7	92.4
	Diabetes Management (Percent of Medicare beneficiaries)	82.9	11	86.1
	Home Health Care (Number of workers per 1,000 adults aged 75+)	89.2	21	299.6
	Preventable Hospitalizations (Discharges per 1,000 Medicare beneficiaries)	59.8	22	27.4
	Hospital Readmissions (Percent of hospitalized patients aged 65+)	16.0	33	12.3
	Hospice Care (Percent of decedents aged 65+)	40.6	41	63.0
	Hospital Deaths (Percent of decedents aged 65+)	28.3	44	16.4
	CLINICAL CARE TOTAL	-0.012	31	
	ALL DETERMINANTS	0.176	14	
OUTCOMES				
	ICU Usage (Percent of decedents aged 65+)	12.5	27	5.1
	Falls (Percent of adults aged 65+)	24.4	10	14.5
	Hip Fractures (Rate per 1,000 Medicare beneficiaries)	6.2	3	3.0
	Health Status (Percent very good or excellent of adults aged 65+)	43.9	15	49.3
	Able-Bodied (Percent of adults aged 65+)	67.4	5	68.2
	Premature Death (Deaths per 100,000 population aged 65–74)	1564	3	1425
	Teeth Extractions (Percent of adults aged 65+)	13.6	14	7.0
	Mental Health Days (Days in previous 30 days)	2.3	23	1.5
	ALL OUTCOMES	0.194	6	
	OVERALL	0.37	12	

SUPPLEMENTAL MEASURES

	2014 VALUE	2014 RANK	NO 1 STATE
Education (Percent of adults aged 65+)	27.4	5	31.0
Multiple Chronic Conditions (Percent of adults aged 65+)	36.6	35	20.9
Cognition (Percent of adults aged 65+)	7.8	12	6.6
Depression (Percent of adults aged 65+)	11.7	9	8.3
Suicide (Deaths per 100,000 adults aged 65+)	8.9	4	6.4

SENIOR POPULATION GROWTH	STATE	US
Projected Increase 2015–2030	37.7	52.7

Overall Rank: 12

Determinants Rank: 14
Outcomes Rank: 6

Strengths:

- High percentage of dental visits
- Low percentage of seniors living in poverty
- Low premature death rate

Challenges:

- High percentage of hospital deaths
- Low use of hospice care
- High prevalence of chronic drinking

Ranking: Connecticut is 12th in this Senior Report. In the 2013 Edition, it ranked 8th.

Highlights:

- While Connecticut ranks in the top 10 for smoking among seniors, more than 40,000 seniors still smoke.
- Connecticut ranks well for all outcomes combined. The state ranks in the top 10 for hip fracture hospitalizations, able-bodied seniors, and rate of premature death.
- In the past year, obesity among seniors increased from 23.7 percent to 26.5 percent; 143,000 seniors are obese in Connecticut.
- In the past year, use of hospice care among seniors increased by 38 percent, and hospital deaths among seniors decreased by 12 percent.
- The percentage of underweight seniors decreased from 1.9 percent of adults aged 65 and older to 1.2 percent.

Disparities: In Connecticut, 62.3 percent of seniors with a college education report their health is very good or excellent compared to only 14.5 percent of seniors with less than a high school education.

State Health Department Website:
www.dph.state.ct.us

For a more detailed look at this data, visit **www.americashealthrankings.org**/senior/CT

DELAWARE

SENIOR HEALTH

		2014 VALUE	2014 RANK	NO 1 STATE
DETERMINANTS	BEHAVIORS			
	Smoking (Percent of adults aged 65+)	8.9	26	4.7
	Chronic Drinking (Percent of adults aged 65+)	4.4	33	1.7
	Obesity (Percent of adults aged 65+)	26.0	20	14.1
	Underweight (Percent of adults aged 65+)	1.3	9	0.8
	Physical Inactivity (Percent of adults aged 65+)	31.7	38	21.1
	Dental Visits (Percent of adults aged 65+)	69.6	16	77.2
	Pain Management (Percent of adults aged 65+)	58.6	3	60.7
	BEHAVIORS TOTAL	0.051	13	
	COMMUNITY & ENVIRONMENT			
	Poverty (Percent of adults aged 65+)	6.8	6	5.4
	Volunteerism (Percent of adults aged 65+)	22.7	34	39.8
	Nursing Home Quality (Percent of 4 & 5 star beds)	55.7	11	67.3
	C&E — MACRO PERSPECTIVE TOTAL	0.065	14	
	Social Support (Percent of adults aged 65+)	84.4	3	85.4
	Food Insecurity (Percent of adults aged 60+)	10.1	5	8.4
	Community Support (Dollars per adult aged 65+ in poverty)	$1,004	17	$8,033
	C&E — MICRO PERSPECTIVE TOTAL	0.091	4	
	COMMUNITY & ENVIRONMENT TOTAL	0.155	7	
	POLICY			
	Low-Care Nursing Home Residents (Percent of residents)	14.5	36	1.1
	Prescription Drug Coverage (Percent of adults aged 65+)	87.6	13	89.6
	Geriatrician Shortfall (Percent of needed geriatricians)	67.3	30	13.1
	POLICY TOTAL	-0.024	27	
	CLINICAL CARE			
	Dedicated Health Care Provider (Percent of adults aged 65+)	97.4	2	97.5
	Recommended Hospital Care (Percent of hospitalized patients aged 65+)	98.7	3	99.1
	Flu Vaccine (Percent of adults aged 65+)	63.1	15	70.1
	Health Screenings (Percent of adults aged 65–74)	91.2	4	92.4
	Diabetes Management (Percent of Medicare beneficiaries)	83.7	5	86.1
	Home Health Care (Number of workers per 1,000 adults aged 75+)	50.3	44	299.6
	Preventable Hospitalizations (Discharges per 1,000 Medicare beneficiaries)	57.4	17	27.4
	Hospital Readmissions (Percent of hospitalized patients aged 65+)	15.8	29	12.3
	Hospice Care (Percent of decedents aged 65+)	58.9	4	63.0
	Hospital Deaths (Percent of decedents aged 65+)	22.0	15	16.4
	CLINICAL CARE TOTAL	0.103	1	
	ALL DETERMINANTS	0.286	8	
OUTCOMES				
	ICU Usage (Percent of decedents aged 65+)	16.3	42	5.1
	Falls (Percent of adults aged 65+)	24.9	12	14.5
	Hip Fractures (Rate per 1,000 Medicare beneficiaries)	6.5	9	3.0
	Health Status (Percent very good or excellent of adults aged 65+)	39.4	30	49.3
	Able-Bodied (Percent of adults aged 65+)	67.8	2	68.2
	Premature Death (Deaths per 100,000 population aged 65–74)	1816	22	1425
	Teeth Extractions (Percent of adults aged 65+)	16.9	27	7.0
	Mental Health Days (Days in previous 30 days)	2.0	9	1.5
	ALL OUTCOMES	0.106	20	
	OVERALL	0.392	9	

SUPPLEMENTAL MEASURES

	2014 VALUE	2014 RANK	NO 1 STATE
Education (Percent of adults aged 65+)	23.6	17	31.0
Multiple Chronic Conditions (Percent of adults aged 65+)	40.1	48	20.9
Cognition (Percent of adults aged 65+)	7.4	9	6.6
Depression (Percent of adults aged 65+)	9.2	2	8.3
Suicide (Deaths per 100,000 adults aged 65+)	10.8	8	6.4

SENIOR POPULATION GROWTH	STATE	US
Projected Increase 2015–2030	60.0	52.7

Overall Rank: 9

Determinants Rank: 8
Outcomes Rank: 20

Strengths:

- High percentage of recommended hospital care
- High percentage of dedicated health care providers
- High percentage of able-bodied seniors

Challenges:

- High prevalence of physical inactivity
- Limited availability of home health care workers
- High ICU usage

Ranking: Delaware is 9th in this Senior Report. In the 2013 Edition, it ranked 12th.

Highlights:

- In Delaware, more than 40,000 seniors are physically inactive, and 35,000 seniors are obese.
- The prevalence of obesity decreased in the last year, from 28.9 percent to 26.0 percent of adults aged 65 and older.
- Delaware ranks 5th for food insecurity among adults aged 60 and older. However, the percentage who are marginally food insecure increased from 8.9 percent to 10.1 percent in the past year.
- In the past year, use of hospice care among seniors increased by 39 percent, from 42.4 percent to 58.9 percent of decedents aged 65 and older.
- In the past year, the percentage of quality nursing homes increased by 10 percent, from 50.7 percent to 55.7 percent of beds rated 4 or 5 stars.

Disparities: In Delaware, 18.5 percent of seniors with an income greater than $75,000 are physically inactive compared to 48.7 percent of seniors with an income less than $25,000.

State Health Department Website:
www.dhss.delaware.gov/dhss

For a more detailed look at this data, visit **www.americashealthrankings.org**/senior/DE

FLORIDA

SENIOR HEALTH

		2014 VALUE	2014 RANK	NO 1 STATE
DETERMINANTS	BEHAVIORS			
	Smoking (Percent of adults aged 65+)	8.1	14	4.7
	Chronic Drinking (Percent of adults aged 65+)	5.1	44	1.7
	Obesity (Percent of adults aged 65+)	22.9	9	14.1
	Underweight (Percent of adults aged 65+)	1.4	13	0.8
	Physical Inactivity (Percent of adults aged 65+)	25.4	5	21.1
	Dental Visits (Percent of adults aged 65+)	65.7	24	77.2
	Pain Management (Percent of adults aged 65+)	48.1	45	60.7
	BEHAVIORS TOTAL	0.014	20	
	COMMUNITY & ENVIRONMENT			
	Poverty (Percent of adults aged 65+)	10.0	36	5.4
	Volunteerism (Percent of adults aged 65+)	18.7	46	39.8
	Nursing Home Quality (Percent of 4 & 5 star beds)	55.7	11	67.3
	C&E — MACRO PERSPECTIVE TOTAL	-0.014	35	
	Social Support (Percent of adults aged 65+)	79.4	31	85.4
	Food Insecurity (Percent of adults aged 60+)	16.1	35	8.4
	Community Support (Dollars per adult aged 65+ in poverty)	$1,649	7	$8,033
	C&E — MICRO PERSPECTIVE TOTAL	-0.005	31	
	COMMUNITY & ENVIRONMENT TOTAL	-0.019	30	
	POLICY			
	Low-Care Nursing Home Residents (Percent of residents)	8.5	13	1.1
	Prescription Drug Coverage (Percent of adults aged 65+)	87.4	15	89.6
	Geriatrician Shortfall (Percent of needed geriatricians)	68.9	32	13.1
	POLICY TOTAL	0.023	16	
	CLINICAL CARE			
	Dedicated Health Care Provider (Percent of adults aged 65+)	93.9	35	97.5
	Recommended Hospital Care (Percent of hospitalized patients aged 65+)	98.5	10	99.1
	Flu Vaccine (Percent of adults aged 65+)	54.7	42	70.1
	Health Screenings (Percent of adults aged 65–74)	86.7	21	92.4
	Diabetes Management (Percent of Medicare beneficiaries)	86.1	1	86.1
	Home Health Care (Number of workers per 1,000 adults aged 75+)	26.9	50	299.6
	Preventable Hospitalizations (Discharges per 1,000 Medicare beneficiaries)	63.5	28	27.4
	Hospital Readmissions (Percent of hospitalized patients aged 65+)	16.0	33	12.3
	Hospice Care (Percent of decedents aged 65+)	59.7	3	63.0
	Hospital Deaths (Percent of decedents aged 65+)	21.2	10	16.4
	CLINICAL CARE TOTAL	0.026	16	
	ALL DETERMINANTS	0.044	23	
OUTCOMES				
	ICU Usage (Percent of decedents aged 65+)	23.1	49	5.1
	Falls (Percent of adults aged 65+)	23.7	7	14.5
	Hip Fractures (Rate per 1,000 Medicare beneficiaries)	7.2	23	3.0
	Health Status (Percent very good or excellent of adults aged 65+)	40.4	26	49.3
	Able-Bodied (Percent of adults aged 65+)	66.1	13	68.2
	Premature Death (Deaths per 100,000 population aged 65–74)	1655	9	1425
	Teeth Extractions (Percent of adults aged 65+)	15.8	22	7.0
	Mental Health Days (Days in previous 30 days)	3.0	47	1.5
	ALL OUTCOMES	-0.015	32	
	OVERALL	0.029	28	

SUPPLEMENTAL MEASURES

	2014 VALUE	2014 RANK	NO 1 STATE
Education (Percent of adults aged 65+)	23.5	19	31.0
Multiple Chronic Conditions (Percent of adults aged 65+)	43.5	50	20.9
Cognition (Percent of adults aged 65+)	9.0	28	6.6
Depression (Percent of adults aged 65+)	13.2	21	8.3
Suicide (Deaths per 100,000 adults aged 65+)	18.4	39	6.4

SENIOR POPULATION GROWTH	STATE	US
Projected Increase 2015–2030	87.9	52.7

Overall Rank: 28

Determinants Rank: 23
Outcomes Rank: 32

Strengths:
- Low prevalence of physical inactivity
- High use of hospice care
- Low prevalence of falls

Challenges:
- High prevalence of chronic drinking
- High use of ICU
- Limited availability of home health care workers

Ranking: Florida is 28th in this Senior Report. In the 2013 Edition, it ranked 27th.

Highlights:
- Florida ranks in the top 10 for prevalence of obesity among seniors; however, 840,000 seniors are obese in the state.
- In Florida, 187,000 seniors report chronic drinking.
- In the past year, the prevalence of physical inactivity among seniors dropped from 29.9 percent to 25.4 percent of seniors, improving Florida's rank by 16.
- Florida ranks 50th in the percentage of seniors with multiple chronic conditions.
- In the past year, flu vaccination coverage decreased from 90.1 percent to 86.7 percent of adults aged 65 and older.

Disparities: In Florida, 60.1 percent of seniors with a college education report their health is very good or excellent compared to only 14.5 percent of seniors with less than a high school education.

State Health Department Website:
www.doh.state.fl.us

For a more detailed look at this data, visit **www.americashealthrankings.org**/senior/FL

GEORGIA

SENIOR HEALTH

		2014 VALUE	2014 RANK	NO 1 STATE
DETERMINANTS	BEHAVIORS			
	Smoking (Percent of adults aged 65+)	9.9	36	4.7
	Chronic Drinking (Percent of adults aged 65+)	3.8	25	1.7
	Obesity (Percent of adults aged 65+)	25.4	12	14.1
	Underweight (Percent of adults aged 65+)	1.7	29	0.8
	Physical Inactivity (Percent of adults aged 65+)	31.2	34	21.1
	Dental Visits (Percent of adults aged 65+)	63.3	33	77.2
	Pain Management (Percent of adults aged 65+)	50.3	35	60.7
	BEHAVIORS TOTAL	-0.077	41	
	COMMUNITY & ENVIRONMENT			
	Poverty (Percent of adults aged 65+)	11.0	43	5.4
	Volunteerism (Percent of adults aged 65+)	20.4	40	39.8
	Nursing Home Quality (Percent of 4 & 5 star beds)	37.7	47	67.3
	C&E — MACRO PERSPECTIVE TOTAL	-0.1	47	
	Social Support (Percent of adults aged 65+)	81.1	20	85.4
	Food Insecurity (Percent of adults aged 60+)	17.5	42	8.4
	Community Support (Dollars per adult aged 65+ in poverty)	$513	41	$8,033
	C&E — MICRO PERSPECTIVE TOTAL	-0.031	37	
	COMMUNITY & ENVIRONMENT TOTAL	-0.13	46	
	POLICY			
	Low-Care Nursing Home Residents (Percent of residents)	10.4	22	1.1
	Prescription Drug Coverage (Percent of adults aged 65+)	85.8	32	89.6
	Geriatrician Shortfall (Percent of needed geriatricians)	71.3	35	13.1
	POLICY TOTAL	-0.035	33	
	CLINICAL CARE			
	Dedicated Health Care Provider (Percent of adults aged 65+)	95.0	28	97.5
	Recommended Hospital Care (Percent of hospitalized patients aged 65+)	98.1	28	99.1
	Flu Vaccine (Percent of adults aged 65+)	60.1	25	70.1
	Health Screenings (Percent of adults aged 65–74)	89.6	8	92.4
	Diabetes Management (Percent of Medicare beneficiaries)	80.7	23	86.1
	Home Health Care (Number of workers per 1,000 adults aged 75+)	44.8	46	299.6
	Preventable Hospitalizations (Discharges per 1,000 Medicare beneficiaries)	65.2	32	27.4
	Hospital Readmissions (Percent of hospitalized patients aged 65+)	15.6	23	12.3
	Hospice Care (Percent of decedents aged 65+)	55.5	6	63.0
	Hospital Deaths (Percent of decedents aged 65+)	22.9	21	16.4
	CLINICAL CARE TOTAL	0.028	15	
	ALL DETERMINANTS	-0.214	42	
OUTCOMES				
	ICU Usage (Percent of decedents aged 65+)	14.2	34	5.1
	Falls (Percent of adults aged 65+)	28.7	26	14.5
	Hip Fractures (Rate per 1,000 Medicare beneficiaries)	8.5	45	3.0
	Health Status (Percent very good or excellent of adults aged 65+)	34.4	43	49.3
	Able-Bodied (Percent of adults aged 65+)	61.3	39	68.2
	Premature Death (Deaths per 100,000 population aged 65–74)	2157	41	1425
	Teeth Extractions (Percent of adults aged 65+)	18.4	34	7.0
	Mental Health Days (Days in previous 30 days)	2.3	23	1.5
	ALL OUTCOMES	-0.131	41	
	OVERALL	-0.345	40	

SUPPLEMENTAL MEASURES

	2014 VALUE	2014 RANK	NO 1 STATE
Education (Percent of adults aged 65+)	20.5	32	31.0
Multiple Chronic Conditions (Percent of adults aged 65+)	36.3	33	20.9
Cognition (Percent of adults aged 65+)	11.2	42	6.6
Depression (Percent of adults aged 65+)	12.1	13	8.3
Suicide (Deaths per 100,000 adults aged 65+)	17.0	35	6.4

SENIOR POPULATION GROWTH	STATE	US
Projected Increase 2015–2030	60.6	52.7

Overall Rank: 40

Determinants Rank: 42
Outcomes Rank: 41

Strengths:

- Low prevalence of obesity
- High percentage of health screenings
- High use of hospice care

Challenges:

- Low percentage of quality nursing home beds
- Limited availability of home health care workers
- High percentage of seniors living in poverty

Ranking: Georgia is 40th in this Senior Report. In the 2013 Edition, it ranked 43rd.

Highlights:

- In Georgia, more than 100,000 seniors smoke.
- Although Georgia has a low prevalence of obesity, the prevalence of physical inactivity is relatively high; more than 320,000 seniors are physically inactive in the state.
- In the past year, flu vaccination coverage increased from 55.2 percent to 60.1 percent of adults aged 65 and older.
- Georgia ranks 46th for the overall community and environment category, and ranks in the bottom 10 for poverty, food insecurity, nursing home quality, food insecurity, and community support.
- In the past year, use of hospice care among seniors increased by 29 percent and hospital deaths among seniors decreased by 23 percent.

Disparities: In Georgia, 17.5 percent of seniors with a college education are physically inactive compared to 45.1 percent of seniors with less than a high school education.

State Health Department Website:
www.health.state.ga.us

For a more detailed look at this data, visit **www.americashealthrankings.org**/senior/GA

HAWAII

SENIOR HEALTH

		2014 VALUE	2014 RANK		NO 1 STATE
DETERMINANTS	**BEHAVIORS**				
	Smoking (Percent of adults aged 65+)	5.3	2		4.7
	Chronic Drinking (Percent of adults aged 65+)	4.7	39		1.7
	Obesity (Percent of adults aged 65+)	14.1	1		14.1
	Underweight (Percent of adults aged 65+)	4.0	50		0.8
	Physical Inactivity (Percent of adults aged 65+)	27.2	13		21.1
	Dental Visits (Percent of adults aged 65+)	77.2	1		77.2
	Pain Management (Percent of adults aged 65+)	59.4	2		60.7
	BEHAVIORS TOTAL	0.181	2		
	COMMUNITY & ENVIRONMENT				
	Poverty (Percent of adults aged 65+)	7.3	11		5.4
	Volunteerism (Percent of adults aged 65+)	19.9	42		39.8
	Nursing Home Quality (Percent of 4 & 5 star beds)	60.0	2		67.3
	C&E — MACRO PERSPECTIVE TOTAL	0.059	15		
	Social Support (Percent of adults aged 65+)	65.8	50		85.4
	Food Insecurity (Percent of adults aged 60+)	14.2	27		8.4
	Community Support (Dollars per adult aged 65+ in poverty)	$878	21		$8,033
	C&E — MICRO PERSPECTIVE TOTAL	-0.073	45		
	COMMUNITY & ENVIRONMENT TOTAL	-0.014	29		
	POLICY				
	Low-Care Nursing Home Residents (Percent of residents)	4.7	2		1.1
	Prescription Drug Coverage (Percent of adults aged 65+)	86.3	27		89.6
	Geriatrician Shortfall (Percent of needed geriatricians)	13.1	1		13.1
	POLICY TOTAL	0.166	1		
	CLINICAL CARE				
	Dedicated Health Care Provider (Percent of adults aged 65+)	96.3	7		97.5
	Recommended Hospital Care (Percent of hospitalized patients aged 65+)	97.4	47		99.1
	Flu Vaccine (Percent of adults aged 65+)	62.7	17		70.1
	Health Screenings (Percent of adults aged 65–74)	86.5	23		92.4
	Diabetes Management (Percent of Medicare beneficiaries)	83.2	9		86.1
	Home Health Care (Number of workers per 1,000 adults aged 75+)	59.0	41		299.6
	Preventable Hospitalizations (Discharges per 1,000 Medicare beneficiaries)	27.4	1		27.4
	Hospital Readmissions (Percent of hospitalized patients aged 65+)	14.2	5		12.3
	Hospice Care (Percent of decedents aged 65+)	35.6	45		63.0
	Hospital Deaths (Percent of decedents aged 65+)	32.6	49		16.4
	CLINICAL CARE TOTAL	-0.004	29		
	ALL DETERMINANTS	0.33	6		
OUTCOMES					
	ICU Usage (Percent of decedents aged 65+)	12.2	25		5.1
	Falls (Percent of adults aged 65+)	21.7	4		14.5
	Hip Fractures (Rate per 1,000 Medicare beneficiaries)	3.0	1		3.0
	Health Status (Percent very good or excellent of adults aged 65+)	36.7	35		49.3
	Able-Bodied (Percent of adults aged 65+)	66.1	13		68.2
	Premature Death (Deaths per 100,000 population aged 65–74)	1425	1		1425
	Teeth Extractions (Percent of adults aged 65+)	7.0	1		7.0
	Mental Health Days (Days in previous 30 days)	1.7	4		1.5
	ALL OUTCOMES	0.294	1		
	OVERALL	0.624	2		

SUPPLEMENTAL MEASURES

	2014 VALUE	2014 RANK		NO 1 STATE
Education (Percent of adults aged 65+)	25.1	15		31.0
Multiple Chronic Conditions (Percent of adults aged 65+)	31.3	21		20.9
Cognition (Percent of adults aged 65+)	10.2	37		6.6
Depression (Percent of adults aged 65+)	8.3	1		8.3
Suicide (Deaths per 100,000 adults aged 65+)	12.5	14		6.4

SENIOR POPULATION GROWTH	STATE	US
Projected Increase 2015–2030	44.6	52.7

Overall Rank: 2

Determinants Rank: 6
Outcomes Rank: 1

Strengths:
- Lowest geriatrician shortfall
- Low prevalences of smoking & obesity
- Lowest rate of preventable hospitalizations

Challenges:
- High percentage of hospital deaths
- Highest prevalence of underweight seniors
- Low percentage of recommended hospital care

HAWAII

Ranking: Hawaii is 2nd in this Senior Report. In the 2013 Edition, it ranked 3rd.

Highlights:
- Hawaii has the lowest prevalence of depression among seniors in the nation.
- Hawaii has the lowest prevalence of obesity among seniors in the country; 29,000 seniors are obese in the state.
- In the past year, the estimated geriatrician shortfall decreased from 16.3 percent to 13.1 percent; Hawaii ranks 1st in this measure.
- The percentage of hospital deaths among seniors decreased in the last year, from 38.8 percent to 32.6 percent.
- The percentage of seniors using hospice care in the last 6 months of life increased by more than 65 percent in the last year, from 21.5 percent to 35.6 percent. However, Hawaii still ranks 46th in hospice care.

Disparities: In Hawaii, 16.0 percent of seniors with a college education are physically inactive compared to 50.2 percent of seniors with less than a high school education.

State Health Department Website:
hawaii.gov/health

For a more detailed look at this data, visit **www.americashealthrankings.org**/senior/HI

IDAHO

SENIOR HEALTH

		2014 VALUE	2014 RANK	NO 1 STATE
DETERMINANTS	BEHAVIORS			
	Smoking (Percent of adults aged 65+)	8.8	22	4.7
	Chronic Drinking (Percent of adults aged 65+)	4.7	39	1.7
	Obesity (Percent of adults aged 65+)	26.9	32	14.1
	Underweight (Percent of adults aged 65+)	1.4	13	0.8
	Physical Inactivity (Percent of adults aged 65+)	25.4	5	21.1
	Dental Visits (Percent of adults aged 65+)	66.4	23	77.2
	Pain Management (Percent of adults aged 65+)	44.6	49	60.7
	BEHAVIORS TOTAL	-0.063	38	
	COMMUNITY & ENVIRONMENT			
	Poverty (Percent of adults aged 65+)	7.9	19	5.4
	Volunteerism (Percent of adults aged 65+)	39.8	1	39.8
	Nursing Home Quality (Percent of 4 & 5 star beds)	57.7	6	67.3
	C&E — MACRO PERSPECTIVE TOTAL	0.138	2	
	Social Support (Percent of adults aged 65+)	83.3	9	85.4
	Food Insecurity (Percent of adults aged 60+)	10.9	7	8.4
	Community Support (Dollars per adult aged 65+ in poverty)	$389	46	$8,033
	C&E — MICRO PERSPECTIVE TOTAL	0.056	10	
	COMMUNITY & ENVIRONMENT TOTAL	0.194	3	
	POLICY			
	Low-Care Nursing Home Residents (Percent of residents)	7.6	11	1.1
	Prescription Drug Coverage (Percent of adults aged 65+)	84.3	39	89.6
	Geriatrician Shortfall (Percent of needed geriatricians)	90.4	50	13.1
	POLICY TOTAL	-0.098	43	
	CLINICAL CARE			
	Dedicated Health Care Provider (Percent of adults aged 65+)	92.0	43	97.5
	Recommended Hospital Care (Percent of hospitalized patients aged 65+)	98.5	10	99.1
	Flu Vaccine (Percent of adults aged 65+)	52.0	47	70.1
	Health Screenings (Percent of adults aged 65–74)	80.7	47	92.4
	Diabetes Management (Percent of Medicare beneficiaries)	75.2	40	86.1
	Home Health Care (Number of workers per 1,000 adults aged 75+)	109.4	14	299.6
	Preventable Hospitalizations (Discharges per 1,000 Medicare beneficiaries)	41.4	3	27.4
	Hospital Readmissions (Percent of hospitalized patients aged 65+)	13.6	2	12.3
	Hospice Care (Percent of decedents aged 65+)	45.1	29	63.0
	Hospital Deaths (Percent of decedents aged 65+)	20.9	7	16.4
	CLINICAL CARE TOTAL	0.001	23	
	ALL DETERMINANTS	0.034	24	
OUTCOMES				
	ICU Usage (Percent of decedents aged 65+)	5.8	3	5.1
	Falls (Percent of adults aged 65+)	32.0	43	14.5
	Hip Fractures (Rate per 1,000 Medicare beneficiaries)	7.3	27	3.0
	Health Status (Percent very good or excellent of adults aged 65+)	41.0	23	49.3
	Able-Bodied (Percent of adults aged 65+)	62.5	34	68.2
	Premature Death (Deaths per 100,000 population aged 65–74)	1782	20	1425
	Teeth Extractions (Percent of adults aged 65+)	16.1	23	7.0
	Mental Health Days (Days in previous 30 days)	2.4	27	1.5
	ALL OUTCOMES	0.039	26	
	OVERALL	0.073	25	

SUPPLEMENTAL MEASURES

	2014 VALUE	2014 RANK	NO 1 STATE
Education (Percent of adults aged 65+)	21.4	27	31.0
Multiple Chronic Conditions (Percent of adults aged 65+)	25.8	8	20.9
Cognition (Percent of adults aged 65+)	8.7	26	6.6
Depression (Percent of adults aged 65+)	15.4	39	8.3
Suicide (Deaths per 100,000 adults aged 65+)	25.0	49	6.4

SENIOR POPULATION GROWTH	STATE	US
Projected Increase 2015–2030	64.0	52.7

Overall Rank: 25

Determinants Rank: 24
Outcomes Rank: 26

Strengths:

- Highest percentage of volunteerism
- Low prevalence of physical inactivity
- Low rate of preventable hospitalizations

Challenges:

- Highest geriatrician shortfall
- Low flu vaccination coverage
- Low percentage of health screenings

Ranking: Idaho is 25th in this Senior Report. In the 2013 Edition, it ranked 21st.

Highlights:

- In Idaho, 52,000 seniors are obese, and just under 50,000 seniors are physically inactive.
- In the past year, the prevalence of food insecurity among seniors increased by 35 percent, from 8.1 percent to 10.9 percent of adults aged 60 and older.
- In the past year, the prevalence of physical inactivity among seniors dropped by 15 percent, from 29.8 percent to 25.4 percent.
- In the past year, volunteerism among seniors increased from 36.9 percent of adults aged 65 and older to 39.8 percent.
- Nearly one third of seniors have fallen in the last 12 months in Idaho.

Disparities: In Idaho, 56.9 percent of seniors with a college education report their health is very good or excellent compared to only 13.2 percent of seniors with less than a high school education.

State Health Department Website:
www.healthandwelfare.idaho.gov

For a more detailed look at this data, visit **www.americashealthrankings.org**/senior/ID

ILLINOIS

SENIOR HEALTH

		2014 VALUE	2014 RANK	NO 1 STATE
DETERMINANTS	**BEHAVIORS**			
	Smoking (Percent of adults aged 65+)	7.7	9	4.7
	Chronic Drinking (Percent of adults aged 65+)	3.2	16	1.7
	Obesity (Percent of adults aged 65+)	27.7	38	14.1
	Underweight (Percent of adults aged 65+)	1.2	7	0.8
	Physical Inactivity (Percent of adults aged 65+)	30.2	29	21.1
	Dental Visits (Percent of adults aged 65+)	63.4	31	77.2
	Pain Management (Percent of adults aged 65+)	53.8	15	60.7
	BEHAVIORS TOTAL	0.036	15	
	COMMUNITY & ENVIRONMENT			
	Poverty (Percent of adults aged 65+)	8.5	27	5.4
	Volunteerism (Percent of adults aged 65+)	25.1	26	39.8
	Nursing Home Quality (Percent of 4 & 5 star beds)	42.4	40	67.3
	C&E — MACRO PERSPECTIVE TOTAL	-0.01	34	
	Social Support (Percent of adults aged 65+)	76.3	47	85.4
	Food Insecurity (Percent of adults aged 60+)	13.3	20	8.4
	Community Support (Dollars per adult aged 65+ in poverty)	$604	31	$8,033
	C&E — MICRO PERSPECTIVE TOTAL	-0.036	38	
	COMMUNITY & ENVIRONMENT TOTAL	-0.046	34	
	POLICY			
	Low-Care Nursing Home Residents (Percent of residents)	26.7	50	1.1
	Prescription Drug Coverage (Percent of adults aged 65+)	85.2	36	89.6
	Geriatrician Shortfall (Percent of needed geriatricians)	53.3	15	13.1
	POLICY TOTAL	-0.11	44	
	CLINICAL CARE			
	Dedicated Health Care Provider (Percent of adults aged 65+)	95.5	16	97.5
	Recommended Hospital Care (Percent of hospitalized patients aged 65+)	98.6	8	99.1
	Flu Vaccine (Percent of adults aged 65+)	52.5	45	70.1
	Health Screenings (Percent of adults aged 65–74)	83.8	38	92.4
	Diabetes Management (Percent of Medicare beneficiaries)	80.9	20	86.1
	Home Health Care (Number of workers per 1,000 adults aged 75+)	81.1	29	299.6
	Preventable Hospitalizations (Discharges per 1,000 Medicare beneficiaries)	73.1	40	27.4
	Hospital Readmissions (Percent of hospitalized patients aged 65+)	16.8	46	12.3
	Hospice Care (Percent of decedents aged 65+)	47.1	24	63.0
	Hospital Deaths (Percent of decedents aged 65+)	25.0	28	16.4
	CLINICAL CARE TOTAL	-0.039	40	
	ALL DETERMINANTS	-0.159	38	
OUTCOMES				
	ICU Usage (Percent of decedents aged 65+)	19.1	46	5.1
	Falls (Percent of adults aged 65+)	28.7	26	14.5
	Hip Fractures (Rate per 1,000 Medicare beneficiaries)	7.1	20	3.0
	Health Status (Percent very good or excellent of adults aged 65+)	39.9	27	49.3
	Able-Bodied (Percent of adults aged 65+)	65.0	21	68.2
	Premature Death (Deaths per 100,000 population aged 65–74)	1894	29	1425
	Teeth Extractions (Percent of adults aged 65+)	16.1	23	7.0
	Mental Health Days (Days in previous 30 days)	2.4	27	1.5
	ALL OUTCOMES	-0.017	33	
	OVERALL	-0.176	35	

SUPPLEMENTAL MEASURES

	2014 VALUE	2014 RANK	NO 1 STATE
Education (Percent of adults aged 65+)	20.7	30	31.0
Multiple Chronic Conditions (Percent of adults aged 65+)	36.5	34	20.9
Cognition (Percent of adults aged 65+)	8.3	17	6.6
Depression (Percent of adults aged 65+)	11.8	11	8.3
Suicide (Deaths per 100,000 adults aged 65+)	11.3	9	6.4

SENIOR POPULATION GROWTH	STATE	US
Projected Increase 2015–2030	35.7	52.7

Overall Rank: 35

Determinants Rank: 38
Outcomes Rank: 33

Strengths:

- High percentage of recommended hospital care
- Low prevalence of smoking
- Low prevalence of underweight seniors

Challenges:

- Highest percentage of low-care nursing home residents
- High rate of preventable hospitalizations
- Low percentage of quality nursing home beds

Ranking: Illinois is 35th in this Senior Report. In the 2013 Edition, it ranked 37th.

Highlights:

- Although use of hospice care among seniors increased by almost 25 percent in the past year, the average increase nationally was almost 30 percent. As a result, Illinois dropped from 17th to 24th in rank.
- Illinois does well in prevalence of smoking among seniors; fewer than 130,000 seniors smoke in the state.
- In the past year, the percentage of seniors who report their health is very good or excellent increased by 12 percent, from 35.6 percent to 39.9 percent.
- In the past year, the prevalence of chronic drinking among seniors declined from 5.1 percent to 3.2 percent; this improved Illinois' chronic drinking rank from 42nd to 16th.
- More than 450,000 seniors in Illinois are obese, and 500,000 seniors are physically inactive.

Disparities: In Illinois, 64.0 percent of seniors with an income greater than $75,000 report their health is very good or excellent compared to only 25.2 percent of seniors with an income less than $25,000.

State Health Department Website:
www.idph.state.il.us

For a more detailed look at this data, visit **www.americashealthrankings.org**/senior/IL

INDIANA

SENIOR HEALTH

		2014 VALUE	2014 RANK	NO 1 STATE
DETERMINANTS	BEHAVIORS			
	Smoking (Percent of adults aged 65+)	9.9	36	4.7
	Chronic Drinking (Percent of adults aged 65+)	2.3	7	1.7
	Obesity (Percent of adults aged 65+)	29.3	45	14.1
	Underweight (Percent of adults aged 65+)	1.5	21	0.8
	Physical Inactivity (Percent of adults aged 65+)	33.0	42	21.1
	Dental Visits (Percent of adults aged 65+)	62.0	37	77.2
	Pain Management (Percent of adults aged 65+)	52.5	21	60.7
	BEHAVIORS TOTAL	-0.064	39	
	COMMUNITY & ENVIRONMENT			
	Poverty (Percent of adults aged 65+)	7.1	7	5.4
	Volunteerism (Percent of adults aged 65+)	25.5	24	39.8
	Nursing Home Quality (Percent of 4 & 5 star beds)	46.1	33	67.3
	C&E — MACRO PERSPECTIVE TOTAL	0.033	21	
	Social Support (Percent of adults aged 65+)	81.0	21	85.4
	Food Insecurity (Percent of adults aged 60+)	12.8	17	8.4
	Community Support (Dollars per adult aged 65+ in poverty)	$890	20	$8,033
	C&E — MICRO PERSPECTIVE TOTAL	0.025	20	
	COMMUNITY & ENVIRONMENT TOTAL	0.058	22	
	POLICY			
	Low-Care Nursing Home Residents (Percent of residents)	10.0	17	1.1
	Prescription Drug Coverage (Percent of adults aged 65+)	86.2	29	89.6
	Geriatrician Shortfall (Percent of needed geriatricians)	73.6	39	13.1
	POLICY TOTAL	-0.03	32	
	CLINICAL CARE			
	Dedicated Health Care Provider (Percent of adults aged 65+)	95.3	22	97.5
	Recommended Hospital Care (Percent of hospitalized patients aged 65+)	98.2	22	99.1
	Flu Vaccine (Percent of adults aged 65+)	57.1	38	70.1
	Health Screenings (Percent of adults aged 65–74)	83.1	41	92.4
	Diabetes Management (Percent of Medicare beneficiaries)	76.4	36	86.1
	Home Health Care (Number of workers per 1,000 adults aged 75+)	82.7	27	299.6
	Preventable Hospitalizations (Discharges per 1,000 Medicare beneficiaries)	76.0	41	27.4
	Hospital Readmissions (Percent of hospitalized patients aged 65+)	15.5	21	12.3
	Hospice Care (Percent of decedents aged 65+)	44.2	31	63.0
	Hospital Deaths (Percent of decedents aged 65+)	23.4	24	16.4
	CLINICAL CARE TOTAL	-0.038	39	
	ALL DETERMINANTS	-0.073	31	
OUTCOMES				
	ICU Usage (Percent of decedents aged 65+)	13.9	32	5.1
	Falls (Percent of adults aged 65+)	30.8	38	14.5
	Hip Fractures (Rate per 1,000 Medicare beneficiaries)	7.4	29	3.0
	Health Status (Percent very good or excellent of adults aged 65+)	36.7	35	49.3
	Able-Bodied (Percent of adults aged 65+)	63.1	31	68.2
	Premature Death (Deaths per 100,000 population aged 65–74)	2162	42	1425
	Teeth Extractions (Percent of adults aged 65+)	19.7	38	7.0
	Mental Health Days (Days in previous 30 days)	2.7	43	1.5
	ALL OUTCOMES	-0.12	39	
	OVERALL	-0.193	37	

SUPPLEMENTAL MEASURES

	2014 VALUE	2014 RANK	NO 1 STATE
Education (Percent of adults aged 65+)	16.0	46	31.0
Multiple Chronic Conditions (Percent of adults aged 65+)	36.0	32	20.9
Cognition (Percent of adults aged 65+)	8.5	24	6.6
Depression (Percent of adults aged 65+)	15.4	39	8.3
Suicide (Deaths per 100,000 adults aged 65+)	14.7	21	6.4

SENIOR POPULATION GROWTH	STATE	US
Projected Increase 2015–2030	35.9	52.7

Overall Rank: 37

Determinants Rank: 31
Outcomes Rank: 39

Strengths:

- Low percentage of seniors living in poverty
- Low prevalence of chronic drinking
- Low prevalence of food insecurity

Challenges:

- High prevalence of obesity
- Low percentage of health screenings
- Many poor mental health days per month

Ranking: Indiana is 37th in this Senior Report. In the 2013 Edition, it ranked 33rd.

Highlights:

- Flu vaccination coverage dropped from 60.6 percent to 57.1 percent of adults aged 65 and older.
- In the past year, food insecurity among seniors increased by 27 percent, from 10.1 percent to 12.8 percent of adults aged 60 and older.
- Indiana has one of the highest prevalences of obesity in the nation; 247,000 seniors are obese in the state.
- The percentage of seniors living in poverty remains low at 7.1 percent of adults aged 65 and older.
- The prevalence of chronic drinking in Indiana is low at 2.3 percent of adults aged 65 and older.

Disparities: In Indiana, 62.7 percent of seniors with an income greater than $75,000 report their health is very good or excellent compared to only 25.5 percent of seniors with an income less than $25,000.

State Health Department Website:
www.in.gov/isdh

For a more detailed look at this data, visit **www.americashealthrankings.org**/senior/IN

IOWA

SENIOR HEALTH

		2014 VALUE	2014 RANK	NO 1 STATE
DETERMINANTS	BEHAVIORS			
	Smoking (Percent of adults aged 65+)	8.5	19	4.7
	Chronic Drinking (Percent of adults aged 65+)	3.3	20	1.7
	Obesity (Percent of adults aged 65+)	29.6	48	14.1
	Underweight (Percent of adults aged 65+)	1.4	13	0.8
	Physical Inactivity (Percent of adults aged 65+)	30.8	32	21.1
	Dental Visits (Percent of adults aged 65+)	68.6	18	77.2
	Pain Management (Percent of adults aged 65+)	57.3	4	60.7
	BEHAVIORS TOTAL	0.036	15	
	COMMUNITY & ENVIRONMENT			
	Poverty (Percent of adults aged 65+)	7.2	9	5.4
	Volunteerism (Percent of adults aged 65+)	36.0	6	39.8
	Nursing Home Quality (Percent of 4 & 5 star beds)	48.4	26	67.3
	C&E — MACRO PERSPECTIVE TOTAL	0.097	7	
	Social Support (Percent of adults aged 65+)	82.8	10	85.4
	Food Insecurity (Percent of adults aged 60+)	12.0	15	8.4
	Community Support (Dollars per adult aged 65+ in poverty)	$895	19	$8,033
	C&E — MICRO PERSPECTIVE TOTAL	0.052	13	
	COMMUNITY & ENVIRONMENT TOTAL	0.15	9	
	POLICY			
	Low-Care Nursing Home Residents (Percent of residents)	16.9	42	1.1
	Prescription Drug Coverage (Percent of adults aged 65+)	89.3	2	89.6
	Geriatrician Shortfall (Percent of needed geriatricians)	72.7	36	13.1
	POLICY TOTAL	-0.027	29	
	CLINICAL CARE			
	Dedicated Health Care Provider (Percent of adults aged 65+)	95.4	20	97.5
	Recommended Hospital Care (Percent of hospitalized patients aged 65+)	98.2	22	99.1
	Flu Vaccine (Percent of adults aged 65+)	70.1	1	70.1
	Health Screenings (Percent of adults aged 65–74)	85.9	29	92.4
	Diabetes Management (Percent of Medicare beneficiaries)	81.2	18	86.1
	Home Health Care (Number of workers per 1,000 adults aged 75+)	76.5	33	299.6
	Preventable Hospitalizations (Discharges per 1,000 Medicare beneficiaries)	60.5	25	27.4
	Hospital Readmissions (Percent of hospitalized patients aged 65+)	14.9	11	12.3
	Hospice Care (Percent of decedents aged 65+)	57.3	5	63.0
	Hospital Deaths (Percent of decedents aged 65+)	18.5	4	16.4
	CLINICAL CARE TOTAL	0.091	2	
	ALL DETERMINANTS	0.25	9	
OUTCOMES				
	ICU Usage (Percent of decedents aged 65+)	9.1	14	5.1
	Falls (Percent of adults aged 65+)	30.4	36	14.5
	Hip Fractures (Rate per 1,000 Medicare beneficiaries)	7.2	23	3.0
	Health Status (Percent very good or excellent of adults aged 65+)	41.0	23	49.3
	Able-Bodied (Percent of adults aged 65+)	67.5	4	68.2
	Premature Death (Deaths per 100,000 population aged 65–74)	1862	26	1425
	Teeth Extractions (Percent of adults aged 65+)	17.3	29	7.0
	Mental Health Days (Days in previous 30 days)	1.7	4	1.5
	ALL OUTCOMES	0.116	16	
	OVERALL	0.366	13	

SUPPLEMENTAL MEASURES

	2014 VALUE	2014 RANK	NO 1 STATE
Education (Percent of adults aged 65+)	16.6	44	31.0
Multiple Chronic Conditions (Percent of adults aged 65+)	30.0	15	20.9
Cognition (Percent of adults aged 65+)	6.7	2	6.6
Depression (Percent of adults aged 65+)	12.8	18	8.3
Suicide (Deaths per 100,000 adults aged 65+)	13.0	16	6.4

SENIOR POPULATION GROWTH	STATE	US
Projected Increase 2015–2030	34.1	52.7

Overall Rank: 13

Determinants Rank: 9
Outcomes Rank: 16

Strengths:
- High percentage of volunteerism
- Highest flu vaccination coverage
- Low percentage of hospital deaths

Challenges:
- High geriatrician shortfall
- High percentage of low-care nursing home residents
- High prevalence of obesity

Ranking: Iowa is 13th in this Senior Report. In the 2013 Edition, it ranked 7th.

Highlights:
- At 29.6 percent, Iowa has one of the highest rates of obesity among seniors; 137,000 adults aged 65 and older are obese in the state.
- Iowa has one of the lowest rates of poor mental health days among seniors, remaining in the top 5 states for the second consecutive year.
- Iowa remains a leader in hospice care among seniors, with use in the last 6 months of life increasing from 42.8 percent to 57.3 percent of decedents aged 65 and older.
- The percentage of hospital deaths among seniors is low in Iowa, and declined by 24 percent in the past year.
- The prevalence of falls is high in Iowa, with more than 30 percent of seniors reporting a fall in the past 12 months.

Disparities: In Iowa, 53.6 percent of seniors with a college education report their health is very good or excellent compared to only 23.4 percent of seniors with less than a high school education.

State Health Department Website:
http://www.idph.state.ia.us/

For a more detailed look at this data, visit **www.americashealthrankings.org**/senior/IA

KANSAS

SENIOR HEALTH

DETERMINANTS	2014 VALUE	2014 RANK	NO 1 STATE
BEHAVIORS			
Smoking (Percent of adults aged 65+)	8.8	22	4.7
Chronic Drinking (Percent of adults aged 65+)	1.9	2	1.7
Obesity (Percent of adults aged 65+)	26.2	21	14.1
Underweight (Percent of adults aged 65+)	1.8	39	0.8
Physical Inactivity (Percent of adults aged 65+)	28.2	18	21.1
Dental Visits (Percent of adults aged 65+)	67.8	21	77.2
Pain Management (Percent of adults aged 65+)	52.5	21	60.7
BEHAVIORS TOTAL	0.062	12	
COMMUNITY & ENVIRONMENT			
Poverty (Percent of adults aged 65+)	7.2	9	5.4
Volunteerism (Percent of adults aged 65+)	37.3	4	39.8
Nursing Home Quality (Percent of 4 & 5 star beds)	52.8	18	67.3
C&E — MACRO PERSPECTIVE TOTAL	0.123	5	
Social Support (Percent of adults aged 65+)	83.9	4	85.4
Food Insecurity (Percent of adults aged 60+)	11.5	13	8.4
Community Support (Dollars per adult aged 65+ in poverty)	$762	24	$8,033
C&E — MICRO PERSPECTIVE TOTAL	0.065	9	
COMMUNITY & ENVIRONMENT TOTAL	0.188	5	
POLICY			
Low-Care Nursing Home Residents (Percent of residents)	18.2	45	1.1
Prescription Drug Coverage (Percent of adults aged 65+)	85.1	37	89.6
Geriatrician Shortfall (Percent of needed geriatricians)	68.9	33	13.1
POLICY TOTAL	-0.115	45	
CLINICAL CARE			
Dedicated Health Care Provider (Percent of adults aged 65+)	95.4	20	97.5
Recommended Hospital Care (Percent of hospitalized patients aged 65+)	98.3	18	99.1
Flu Vaccine (Percent of adults aged 65+)	66.7	7	70.1
Health Screenings (Percent of adults aged 65–74)	86.6	22	92.4
Diabetes Management (Percent of Medicare beneficiaries)	76.0	37	86.1
Home Health Care (Number of workers per 1,000 adults aged 75+)	134.9	8	299.6
Preventable Hospitalizations (Discharges per 1,000 Medicare beneficiaries)	64.5	30	27.4
Hospital Readmissions (Percent of hospitalized patients aged 65+)	15.6	23	12.3
Hospice Care (Percent of decedents aged 65+)	50.3	16	63.0
Hospital Deaths (Percent of decedents aged 65+)	23.1	22	16.4
CLINICAL CARE TOTAL	0.045	12	
ALL DETERMINANTS	0.18	13	
OUTCOMES			
ICU Usage (Percent of decedents aged 65+)	9.6	17	5.1
Falls (Percent of adults aged 65+)	29.4	30	14.5
Hip Fractures (Rate per 1,000 Medicare beneficiaries)	8.3	38	3.0
Health Status (Percent very good or excellent of adults aged 65+)	41.8	21	49.3
Able-Bodied (Percent of adults aged 65+)	63.5	27	68.2
Premature Death (Deaths per 100,000 population aged 65–74)	1902	30	1425
Teeth Extractions (Percent of adults aged 65+)	18.8	35	7.0
Mental Health Days (Days in previous 30 days)	1.7	4	1.5
ALL OUTCOMES	0.043	25	
OVERALL	0.223	17	

SUPPLEMENTAL MEASURES

	2014 VALUE	2014 RANK	NO 1 STATE
Education (Percent of adults aged 65+)	22.1	24	31.0
Multiple Chronic Conditions (Percent of adults aged 65+)	31.9	22	20.9
Cognition (Percent of adults aged 65+)	8.4	21	6.6
Depression (Percent of adults aged 65+)	11.0	5	8.3
Suicide (Deaths per 100,000 adults aged 65+)	13.4	18	6.4

SENIOR POPULATION GROWTH	STATE	US
Projected Increase 2015–2030	41.3	52.7

Overall Rank: 17

Determinants Rank: 13
Outcomes Rank: 25

Strengths:

- Few poor mental health days per month
- High percentage of volunteerism
- Low prevalence of chronic drinking

Challenges:

- High percentage of low-care nursing home residents
- High prevalence of underweight seniors
- High prevalence of hip fractures

Ranking: Kansas is 17th in this Senior Report. In the 2013 Edition, it ranked 20th.

Highlights:

- In Kansas, 110,000 seniors are physically inactive and more than 100,000 seniors are obese.
- In Kansas, 29.4 percent of adults aged 65 and older have fallen in the last 12 months.
- In the past year, use of hospice care increased at approximately the same rate as the national average, maintaining Kansas' top 20 rank for this measure.
- In the past year, the prevalence of physical inactivity among seniors decreased from 32.6 percent of adults aged 65 and older to 28.2 percent, improving Kansas' physical inactivity rank by 12.
- Kansas has a high percentage of volunteerism among seniors, ranking 4th for the second consecutive year.

Disparities: In Kansas, 57.3 percent of seniors with a college education report their health is very good or excellent compared to only 20.9 percent of seniors with less than a high school education.

State Health Department Website:
www.kdheks.gov

For a more detailed look at this data, visit **www.americashealthrankings.org**/senior/KS

KENTUCKY

SENIOR HEALTH

		2014 VALUE	2014 RANK	NO 1 STATE
DETERMINANTS	**BEHAVIORS**			
	Smoking (Percent of adults aged 65+)	12.2	48	4.7
	Chronic Drinking (Percent of adults aged 65+)	2.1	5	1.7
	Obesity (Percent of adults aged 65+)	29.2	44	14.1
	Underweight (Percent of adults aged 65+)	1.6	25	0.8
	Physical Inactivity (Percent of adults aged 65+)	38.2	50	21.1
	Dental Visits (Percent of adults aged 65+)	53.0	47	77.2
	Pain Management (Percent of adults aged 65+)	55.7	10	60.7
	BEHAVIORS TOTAL	-0.154	45	
	COMMUNITY & ENVIRONMENT			
	Poverty (Percent of adults aged 65+)	11.8	47	5.4
	Volunteerism (Percent of adults aged 65+)	19.0	45	39.8
	Nursing Home Quality (Percent of 4 & 5 star beds)	40.5	43	67.3
	C&E — MACRO PERSPECTIVE TOTAL	-0.109	48	
	Social Support (Percent of adults aged 65+)	80.7	23	85.4
	Food Insecurity (Percent of adults aged 60+)	16.5	37	8.4
	Community Support (Dollars per adult aged 65+ in poverty)	$358	47	$8,033
	C&E — MICRO PERSPECTIVE TOTAL	-0.029	36	
	COMMUNITY & ENVIRONMENT TOTAL	-0.138	47	
	POLICY			
	Low-Care Nursing Home Residents (Percent of residents)	7.1	10	1.1
	Prescription Drug Coverage (Percent of adults aged 65+)	86.7	23	89.6
	Geriatrician Shortfall (Percent of needed geriatricians)	75.4	43	13.1
	POLICY TOTAL	0.003	21	
	CLINICAL CARE			
	Dedicated Health Care Provider (Percent of adults aged 65+)	95.1	25	97.5
	Recommended Hospital Care (Percent of hospitalized patients aged 65+)	97.9	35	99.1
	Flu Vaccine (Percent of adults aged 65+)	61.8	19	70.1
	Health Screenings (Percent of adults aged 65–74)	82.9	42	92.4
	Diabetes Management (Percent of Medicare beneficiaries)	81.0	19	86.1
	Home Health Care (Number of workers per 1,000 adults aged 75+)	40.0	47	299.6
	Preventable Hospitalizations (Discharges per 1,000 Medicare beneficiaries)	102.9	49	27.4
	Hospital Readmissions (Percent of hospitalized patients aged 65+)	16.9	49	12.3
	Hospice Care (Percent of decedents aged 65+)	38.1	43	63.0
	Hospital Deaths (Percent of decedents aged 65+)	28.1	43	16.4
	CLINICAL CARE TOTAL	-0.105	49	
	ALL DETERMINANTS	-0.395	46	
OUTCOMES				
	ICU Usage (Percent of decedents aged 65+)	16.4	43	5.1
	Falls (Percent of adults aged 65+)	30.6	37	14.5
	Hip Fractures (Rate per 1,000 Medicare beneficiaries)	8.8	47	3.0
	Health Status (Percent very good or excellent of adults aged 65+)	31.2	48	49.3
	Able-Bodied (Percent of adults aged 65+)	57.6	45	68.2
	Premature Death (Deaths per 100,000 population aged 65–74)	2444	49	1425
	Teeth Extractions (Percent of adults aged 65+)	24.8	45	7.0
	Mental Health Days (Days in previous 30 days)	3.2	49	1.5
	ALL OUTCOMES	-0.363	50	
	OVERALL	-0.758	48	

SUPPLEMENTAL MEASURES

	2014 VALUE	2014 RANK	NO 1 STATE
Education (Percent of adults aged 65+)	14.5	49	31.0
Multiple Chronic Conditions (Percent of adults aged 65+)	38.1	41	20.9
Cognition (Percent of adults aged 65+)	11.4	44	6.6
Depression (Percent of adults aged 65+)	17.5	49	8.3
Suicide (Deaths per 100,000 adults aged 65+)	18.0	38	6.4

SENIOR POPULATION GROWTH	STATE	US
Projected Increase 2015–2030	41.8	52.7

Overall Rank: 48

Determinants Rank: 46
Outcomes Rank: 50

Strengths:

- Low percentage of low-care nursing home residents
- Low prevalence of activity-limiting arthritis pain
- Low prevalence of chronic drinking

Challenges:

- Highest prevalence of physical inactivity
- High rate of preventable hospitalizations
- Many poor mental health days per month

Ranking: Kentucky is 48th in this Senior Report. In the 2013 Edition, it ranked 45th.

Highlights:

- In Kentucky, the number of poor mental health days is high among seniors and increased in the past year from 2.6 days in the last month to 3.2 days.
- In the past year, the percentage of quality nursing home beds increased from 33.1 percent rated 4 or 5 stars to 40.5 percent; however, Kentucky ranks 43rd in nursing home quality.
- In the past year, use of hospice care among seniors increased by 24 percent and the percentage of hospital deaths among seniors decreased by 13 percent.
- Kentucky has a high prevalence of obesity among seniors, with more than 170,000 obese adults aged 65 and older in the state.
- The prevalence of chronic drinking among seniors is one of the lowest in the country.

Disparities: In Kentucky, 51.2 percent of seniors with an income greater than $75,000 report their health is very good or excellent compared to only 19.3 percent of seniors with an income less than $25,000.

State Health Department Website:
www.chfs.ky.gov

For a more detailed look at this data, visit **www.americashealthrankings.org**/senior/KY

LOUISIANA

SENIOR HEALTH

DETERMINANTS	2014 VALUE	2014 RANK	NO 1 STATE
BEHAVIORS			
Smoking (Percent of adults aged 65+)	12.0	47	4.7
Chronic Drinking (Percent of adults aged 65+)	4.0	28	1.7
Obesity (Percent of adults aged 65+)	30.4	50	14.1
Underweight (Percent of adults aged 65+)	1.1	3	0.8
Physical Inactivity (Percent of adults aged 65+)	32.9	41	21.1
Dental Visits (Percent of adults aged 65+)	51.0	48	77.2
Pain Management (Percent of adults aged 65+)	51.5	27	60.7
BEHAVIORS TOTAL	-0.203	50	
COMMUNITY & ENVIRONMENT			
Poverty (Percent of adults aged 65+)	12.2	49	5.4
Volunteerism (Percent of adults aged 65+)	17.3	49	39.8
Nursing Home Quality (Percent of 4 & 5 star beds)	32.5	50	67.3
C&E — MACRO PERSPECTIVE TOTAL	-0.16	50	
Social Support (Percent of adults aged 65+)	78.6	37	85.4
Food Insecurity (Percent of adults aged 60+)	18.8	46	8.4
Community Support (Dollars per adult aged 65+ in poverty)	$672	28	$8,033
C&E — MICRO PERSPECTIVE TOTAL	-0.065	42	
COMMUNITY & ENVIRONMENT TOTAL	-0.225	50	
POLICY			
Low-Care Nursing Home Residents (Percent of residents)	22.8	48	1.1
Prescription Drug Coverage (Percent of adults aged 65+)	86.8	22	89.6
Geriatrician Shortfall (Percent of needed geriatricians)	74.5	41	13.1
POLICY TOTAL	-0.14	47	
CLINICAL CARE			
Dedicated Health Care Provider (Percent of adults aged 65+)	93.9	35	97.5
Recommended Hospital Care (Percent of hospitalized patients aged 65+)	97.8	38	99.1
Flu Vaccine (Percent of adults aged 65+)	63.8	12	70.1
Health Screenings (Percent of adults aged 65–74)	86.8	19	92.4
Diabetes Management (Percent of Medicare beneficiaries)	78.5	34	86.1
Home Health Care (Number of workers per 1,000 adults aged 75+)	135.7	7	299.6
Preventable Hospitalizations (Discharges per 1,000 Medicare beneficiaries)	87.5	48	27.4
Hospital Readmissions (Percent of hospitalized patients aged 65+)	16.3	38	12.3
Hospice Care (Percent of decedents aged 65+)	48.7	18	63.0
Hospital Deaths (Percent of decedents aged 65+)	25.4	30	16.4
CLINICAL CARE TOTAL	-0.027	37	
ALL DETERMINANTS	-0.595	49	
OUTCOMES			
ICU Usage (Percent of decedents aged 65+)	14.4	35	5.1
Falls (Percent of adults aged 65+)	24.1	9	14.5
Hip Fractures (Rate per 1,000 Medicare beneficiaries)	8.4	42	3.0
Health Status (Percent very good or excellent of adults aged 65+)	30.4	49	49.3
Able-Bodied (Percent of adults aged 65+)	57.2	47	68.2
Premature Death (Deaths per 100,000 population aged 65–74)	2363	46	1425
Teeth Extractions (Percent of adults aged 65+)	28.8	49	7.0
Mental Health Days (Days in previous 30 days)	2.5	35	1.5
ALL OUTCOMES	-0.243	45	
OVERALL	-0.838	49	

SUPPLEMENTAL MEASURES

	2014 VALUE	2014 RANK	NO 1 STATE
Education (Percent of adults aged 65+)	17.4	41	31.0
Multiple Chronic Conditions (Percent of adults aged 65+)	38.6	43	20.9
Cognition (Percent of adults aged 65+)	12.1	48	6.6
Depression (Percent of adults aged 65+)	15.4	39	8.3
Suicide (Deaths per 100,000 adults aged 65+)	15.0	22	6.4

SENIOR POPULATION GROWTH	STATE	US
Projected Increase 2015–2030	42.2	52.7

Overall Rank: 49

Determinants Rank: 49
Outcomes Rank: 45

Strengths:

- Low prevalence of falls
- Low prevalence of underweight seniors
- Ready availability of home health care workers

Challenges:

- Highest prevalence of obesity
- High prevalence of teeth extractions
- Lowest percentage of quality nursing home beds

Ranking: Louisiana is 49th in this Senior Report. In the 2013 Edition, it ranked 48th.

Highlights:

- In the past year, flu vaccination coverage decreased from 70.2 percent to 63.8 percent of adults aged 65 and older.
- Food insecurity among seniors increased by 34.3 percent in the past year, from 14.0 percent to 18.8 percent of adults aged 60 and older.
- In the past year, use of hospice care increased among seniors by 30 percent and the percentage of hospital deaths among seniors decreased by 18 percent.
- The prevalence of physical inactivity among seniors decreased in the past year from 38.5 percent to 32.9 percent of adults aged 65 and older.
- The prevalence of underweight seniors decreased in the past year from 1.8 percent to 1.1 percent of adults aged 65 and older.

Disparities: In Louisiana, 48.3 percent of seniors with a college education report their health is very good or excellent compared to only 16.2 percent of seniors with less than a high school education.

State Health Department Website:
www.dhh.louisiana.gov/

For a more detailed look at this data, visit **www.americashealthrankings.org**/senior/LA

MAINE

SENIOR HEALTH

		2014 VALUE	2014 RANK	NO 1 STATE
DETERMINANTS	**BEHAVIORS**			
	Smoking (Percent of adults aged 65+)	7.7	9	4.7
	Chronic Drinking (Percent of adults aged 65+)	4.8	41	1.7
	Obesity (Percent of adults aged 65+)	25.9	18	14.1
	Underweight (Percent of adults aged 65+)	1.7	29	0.8
	Physical Inactivity (Percent of adults aged 65+)	28.8	24	21.1
	Dental Visits (Percent of adults aged 65+)	60.9	41	77.2
	Pain Management (Percent of adults aged 65+)	50.7	30	60.7
	BEHAVIORS TOTAL	-0.058	35	
	COMMUNITY & ENVIRONMENT			
	Poverty (Percent of adults aged 65+)	8.7	29	5.4
	Volunteerism (Percent of adults aged 65+)	27.3	21	39.8
	Nursing Home Quality (Percent of 4 & 5 star beds)	56.4	10	67.3
	C&E — MACRO PERSPECTIVE TOTAL	0.058	16	
	Social Support (Percent of adults aged 65+)	82.4	11	85.4
	Food Insecurity (Percent of adults aged 60+)	14.2	27	8.4
	Community Support (Dollars per adult aged 65+ in poverty)	$525	39	$8,033
	C&E — MICRO PERSPECTIVE TOTAL	0.016	23	
	COMMUNITY & ENVIRONMENT TOTAL	0.074	20	
	POLICY			
	Low-Care Nursing Home Residents (Percent of residents)	1.1	1	1.1
	Prescription Drug Coverage (Percent of adults aged 65+)	84.1	42	89.6
	Geriatrician Shortfall (Percent of needed geriatricians)	41.1	8	13.1
	POLICY TOTAL	0.104	4	
	CLINICAL CARE			
	Dedicated Health Care Provider (Percent of adults aged 65+)	96.1	10	97.5
	Recommended Hospital Care (Percent of hospitalized patients aged 65+)	99.1	1	99.1
	Flu Vaccine (Percent of adults aged 65+)	61.3	20	70.1
	Health Screenings (Percent of adults aged 65–74)	88.7	12	92.4
	Diabetes Management (Percent of Medicare beneficiaries)	83.7	5	86.1
	Home Health Care (Number of workers per 1,000 adults aged 75+)	106.3	15	299.6
	Preventable Hospitalizations (Discharges per 1,000 Medicare beneficiaries)	62.4	26	27.4
	Hospital Readmissions (Percent of hospitalized patients aged 65+)	14.9	11	12.3
	Hospice Care (Percent of decedents aged 65+)	43.6	33	63.0
	Hospital Deaths (Percent of decedents aged 65+)	23.8	25	16.4
	CLINICAL CARE TOTAL	0.08	5	
	ALL DETERMINANTS	0.2	12	
OUTCOMES				
	ICU Usage (Percent of decedents aged 65+)	6.7	6	5.1
	Falls (Percent of adults aged 65+)	29.7	31	14.5
	Hip Fractures (Rate per 1,000 Medicare beneficiaries)	6.9	16	3.0
	Health Status (Percent very good or excellent of adults aged 65+)	46.0	4	49.3
	Able-Bodied (Percent of adults aged 65+)	63.0	33	68.2
	Premature Death (Deaths per 100,000 population aged 65–74)	1902	30	1425
	Teeth Extractions (Percent of adults aged 65+)	22.1	42	7.0
	Mental Health Days (Days in previous 30 days)	2.1	10	1.5
	ALL OUTCOMES	0.069	23	
	OVERALL	0.269	14	

SUPPLEMENTAL MEASURES

	2014 VALUE	2014 RANK	NO 1 STATE
Education (Percent of adults aged 65+)	23.3	21	31.0
Multiple Chronic Conditions (Percent of adults aged 65+)	31.1	19	20.9
Cognition (Percent of adults aged 65+)	9.2	31	6.6
Depression (Percent of adults aged 65+)	15.2	38	8.3
Suicide (Deaths per 100,000 adults aged 65+)	16.4	29	6.4

SENIOR POPULATION GROWTH	STATE	US
Projected Increase 2015–2030	49.5	52.7

Overall Rank: 14

Determinants Rank: 12
Outcomes Rank: 23

Strengths:

- High percentage of quality nursing home beds
- Highest percentage of recommended hospital care
- Low prevalence of smoking

Challenges:

- High prevalence of chronic drinking
- Low percentage of dental visits and high prevalence of teeth extractions
- Low prescription drug coverage

Ranking: Maine is 14th in this Senior Report. In the 2013 Edition, it ranked 11th.

Highlights:

- In Maine, the prevalence of chronic drinking among seniors decreased in the past year, from 5.7 percent to 4.8 percent of adults aged 65 and older.
- In the past year, food insecurity among seniors increased by 16 percent from 12.2 percent to 14.2 percent of adults aged 60 and older.
- In the past year, the percentage of quality nursing home beds decreased from 66.3 percent to 56.4 percent of beds rated 4 or 5 stars.
- The geriatrician shortage decreased in the last year, from 46.9 percent to 41.1 percent of the estimated need.
- Use of hospice care among seniors increased by 72 percent, from 25.3 percent of decedents aged 65 and older to 43.6 percent; while the percentage of seniors dying in the hospital decreased by 23 percent.

Disparities: In Maine, 64.2 percent of seniors with a college education report their health is very good or excellent compared to only 25.5 percent of seniors with less than a high school education.

State Health Department Website:
www.maine.gov/dhhs

For a more detailed look at this data, visit **www.americashealthrankings.org**/senior/ME

MARYLAND

SENIOR HEALTH

		2014 VALUE	2014 RANK	NO 1 STATE
DETERMINANTS	BEHAVIORS			
	Smoking (Percent of adults aged 65+)	9.0	27	4.7
	Chronic Drinking (Percent of adults aged 65+)	2.8	12	1.7
	Obesity (Percent of adults aged 65+)	26.2	21	14.1
	Underweight (Percent of adults aged 65+)	1.5	21	0.8
	Physical Inactivity (Percent of adults aged 65+)	31.0	33	21.1
	Dental Visits (Percent of adults aged 65+)	71.6	10	77.2
	Pain Management (Percent of adults aged 65+)	60.7	1	60.7
	BEHAVIORS TOTAL	0.107	5	
	COMMUNITY & ENVIRONMENT			
	Poverty (Percent of adults aged 65+)	7.6	14	5.4
	Volunteerism (Percent of adults aged 65+)	29.5	13	39.8
	Nursing Home Quality (Percent of 4 & 5 star beds)	48.8	25	67.3
	C&E — MACRO PERSPECTIVE TOTAL	0.057	17	
	Social Support (Percent of adults aged 65+)	81.2	19	85.4
	Food Insecurity (Percent of adults aged 60+)	13.5	21	8.4
	Community Support (Dollars per adult aged 65+ in poverty)	$609	30	$8,033
	C&E — MICRO PERSPECTIVE TOTAL	0.013	24	
	COMMUNITY & ENVIRONMENT TOTAL	0.07	21	
	POLICY			
	Low-Care Nursing Home Residents (Percent of residents)	8.2	12	1.1
	Prescription Drug Coverage (Percent of adults aged 65+)	82.8	45	89.6
	Geriatrician Shortfall (Percent of needed geriatricians)	27.7	2	13.1
	POLICY TOTAL	0.055	9	
	CLINICAL CARE			
	Dedicated Health Care Provider (Percent of adults aged 65+)	96.3	7	97.5
	Recommended Hospital Care (Percent of hospitalized patients aged 65+)	97.7	40	99.1
	Flu Vaccine (Percent of adults aged 65+)	63.2	14	70.1
	Health Screenings (Percent of adults aged 65–74)	90.1	5	92.4
	Diabetes Management (Percent of Medicare beneficiaries)	82.1	15	86.1
	Home Health Care (Number of workers per 1,000 adults aged 75+)	67.1	39	299.6
	Preventable Hospitalizations (Discharges per 1,000 Medicare beneficiaries)	60.2	24	27.4
	Hospital Readmissions (Percent of hospitalized patients aged 65+)	15.9	32	12.3
	Hospice Care (Percent of decedents aged 65+)	43.7	32	63.0
	Hospital Deaths (Percent of decedents aged 65+)	27.0	38	16.4
	CLINICAL CARE TOTAL	0.008	22	
	ALL DETERMINANTS	0.239	10	
OUTCOMES				
	ICU Usage (Percent of decedents aged 65+)	12.4	26	5.1
	Falls (Percent of adults aged 65+)	23.4	6	14.5
	Hip Fractures (Rate per 1,000 Medicare beneficiaries)	6.9	16	3.0
	Health Status (Percent very good or excellent of adults aged 65+)	40.5	25	49.3
	Able-Bodied (Percent of adults aged 65+)	66.8	8	68.2
	Premature Death (Deaths per 100,000 population aged 65–74)	1844	25	1425
	Teeth Extractions (Percent of adults aged 65+)	14.5	16	7.0
	Mental Health Days (Days in previous 30 days)	2.1	10	1.5
	ALL OUTCOMES	0.132	14	
	OVERALL	0.371	11	

SUPPLEMENTAL MEASURES

	2014 VALUE	2014 RANK	NO 1 STATE
Education (Percent of adults aged 65+)	29.0	3	31.0
Multiple Chronic Conditions (Percent of adults aged 65+)	37.3	39	20.9
Cognition (Percent of adults aged 65+)	8.4	21	6.6
Depression (Percent of adults aged 65+)	12.4	15	8.3
Suicide (Deaths per 100,000 adults aged 65+)	11.8	11	6.4

SENIOR POPULATION GROWTH	STATE	US
Projected Increase 2015–2030	47.6	52.7

Overall Rank: 11

Determinants Rank: 10
Outcomes Rank: 14

Strengths:

- High percentage of health screenings
- Low prevalence of falls
- Low geriatrician shortfall

Challenges:

- Limited availability of home health care workers
- Low prescription drug coverage
- Low percentage of recommended hospital care

Ranking: Maryland is 11th in this Senior Report. In the 2013 Edition, it ranked 9th.

Highlights:

- In the past year, chronic drinking decreased from 3.5 percent to 2.8 percent of adults aged 65 and older.
- The percentage of physically inactive seniors increased in the past year, from 28.5 percent to 31.0 percent of seniors aged 65 and older.
- In the past year, the percentage of seniors using hospice care increased by 34 percent, and the percentage of hospital deaths among seniors decreased by 17 percent.
- The percentage of quality nursing home beds decreased in the past year from 50.9 percent to 48.8 percent of beds rated 4 or 5 stars.
- The prevalence of underweight seniors decreased in the past year from 2.4 percent to 1.5 percent of adults aged 65 and older.

Disparities: In Maryland, 56.2 percent of seniors with a college education report their health is very good or excellent compared to only 18.2 percent of seniors with less than a high school education.

State Health Department Website:
www.dhmh.maryland.gov

For a more detailed look at this data, visit **www.americashealthrankings.org**/senior/MD

MASSACHUSETTS

SENIOR HEALTH

		2014 VALUE	2014 RANK	NO 1 STATE
DETERMINANTS	**BEHAVIORS**			
	Smoking (Percent of adults aged 65+)	8.4	17	4.7
	Chronic Drinking (Percent of adults aged 65+)	5.5	48	1.7
	Obesity (Percent of adults aged 65+)	22.6	8	14.1
	Underweight (Percent of adults aged 65+)	1.8	39	0.8
	Physical Inactivity (Percent of adults aged 65+)	26.1	9	21.1
	Dental Visits (Percent of adults aged 65+)	73.7	5	77.2
	Pain Management (Percent of adults aged 65+)	56.5	6	60.7
	BEHAVIORS TOTAL	0.086	8	
	COMMUNITY & ENVIRONMENT			
	Poverty (Percent of adults aged 65+)	9.2	31	5.4
	Volunteerism (Percent of adults aged 65+)	23.2	30	39.8
	Nursing Home Quality (Percent of 4 & 5 star beds)	54.7	14	67.3
	C&E — MACRO PERSPECTIVE TOTAL	0.02	25	
	Social Support (Percent of adults aged 65+)	80.7	23	85.4
	Food Insecurity (Percent of adults aged 60+)	11.3	11	8.4
	Community Support (Dollars per adult aged 65+ in poverty)	$3,620	3	$8,033
	C&E — MICRO PERSPECTIVE TOTAL	0.107	1	
	COMMUNITY & ENVIRONMENT TOTAL	0.127	14	
	POLICY			
	Low-Care Nursing Home Residents (Percent of residents)	10.3	20	1.1
	Prescription Drug Coverage (Percent of adults aged 65+)	87.1	18	89.6
	Geriatrician Shortfall (Percent of needed geriatricians)	35.1	5	13.1
	POLICY TOTAL	0.102	5	
	CLINICAL CARE			
	Dedicated Health Care Provider (Percent of adults aged 65+)	96.7	5	97.5
	Recommended Hospital Care (Percent of hospitalized patients aged 65+)	98.1	28	99.1
	Flu Vaccine (Percent of adults aged 65+)	63.6	13	70.1
	Health Screenings (Percent of adults aged 65–74)	91.7	2	92.4
	Diabetes Management (Percent of Medicare beneficiaries)	83.7	5	86.1
	Home Health Care (Number of workers per 1,000 adults aged 75+)	86.6	22	299.6
	Preventable Hospitalizations (Discharges per 1,000 Medicare beneficiaries)	70.8	38	27.4
	Hospital Readmissions (Percent of hospitalized patients aged 65+)	16.3	38	12.3
	Hospice Care (Percent of decedents aged 65+)	42.7	36	63.0
	Hospital Deaths (Percent of decedents aged 65+)	26.9	36	16.4
	CLINICAL CARE TOTAL	0.024	17	
	ALL DETERMINANTS	0.339	5	
OUTCOMES				
	ICU Usage (Percent of decedents aged 65+)	9.5	16	5.1
	Falls (Percent of adults aged 65+)	25.5	13	14.5
	Hip Fractures (Rate per 1,000 Medicare beneficiaries)	6.5	9	3.0
	Health Status (Percent very good or excellent of adults aged 65+)	45.2	9	49.3
	Able-Bodied (Percent of adults aged 65+)	66.4	10	68.2
	Premature Death (Deaths per 100,000 population aged 65–74)	1632	8	1425
	Teeth Extractions (Percent of adults aged 65+)	15.5	20	7.0
	Mental Health Days (Days in previous 30 days)	2.1	10	1.5
	ALL OUTCOMES	0.192	7	
	OVERALL	0.531	5	

SUPPLEMENTAL MEASURES

	2014 VALUE	2014 RANK	NO 1 STATE
Education (Percent of adults aged 65+)	26.7	8	31.0
Multiple Chronic Conditions (Percent of adults aged 65+)	34.2	28	20.9
Cognition (Percent of adults aged 65+)	8.3	17	6.6
Depression (Percent of adults aged 65+)	13.6	22	8.3
Suicide (Deaths per 100,000 adults aged 65+)	7.6	2	6.4

SENIOR POPULATION GROWTH	STATE	US
Projected Increase 2015–2030	42.7	52.7

Overall Rank: 5

Determinants Rank: 5
Outcomes Rank: 7

Strengths:

- High percentage of dental visits
- Low geriatrician shortfall
- High percentage of health screenings

Challenges:

- High prevalence of chronic drinking
- High prevalence of underweight seniors
- High percentage of preventable hospitalizations

MASSACHUSETTS

Ranking: Massachusetts is 5th in this Senior Report. In the 2013 Edition, it ranked 5th.

Highlights:

- The percentage of physically inactive seniors decreased by 11 percent in the past year, from 29.2 percent of adults aged 65 and older to 26.1 percent; however, nearly 250,000 seniors are inactive.
- In the past year, food insecurity increased from 10.5 percent of adults aged 60 and older to 11.3 percent.
- Flu vaccination coverage decreased in the last year, from 66.9 percent of adults aged 65 and older to 63.6 percent.
- In the past year, the percentage of seniors using hospice care increased by 39 percent, and the percentage of hospital deaths among seniors decreased by 16 percent.
- Massachusetts has the second lowest suicide rate at 7.6 deaths per 100,000 adults aged 65 and older.

Disparities: In Massachusetts, 60.9 percent of seniors with a college education report their health is very good or excellent compared to only 25.1 percent of seniors with less than a high school education.

State Health Department Website:
www.mass.gov/dph

For a more detailed look at this data, visit **www.americashealthrankings.org**/senior/MA

MICHIGAN

SENIOR HEALTH

DETERMINANTS	2014 VALUE	2014 RANK	NO 1 STATE
BEHAVIORS			
Smoking (Percent of adults aged 65+)	7.7	9	4.7
Chronic Drinking (Percent of adults aged 65+)	4.2	30	1.7
Obesity (Percent of adults aged 65+)	29.6	48	14.1
Underweight (Percent of adults aged 65+)	1.0	2	0.8
Physical Inactivity (Percent of adults aged 65+)	28.2	18	21.1
Dental Visits (Percent of adults aged 65+)	71.7	9	77.2
Pain Management (Percent of adults aged 65+)	51.3	28	60.7
BEHAVIORS TOTAL	0.034	17	
COMMUNITY & ENVIRONMENT			
Poverty (Percent of adults aged 65+)	8.2	25	5.4
Volunteerism (Percent of adults aged 65+)	24.8	28	39.8
Nursing Home Quality (Percent of 4 & 5 star beds)	51.3	21	67.3
C&E — MACRO PERSPECTIVE TOTAL	0.032	23	
Social Support (Percent of adults aged 65+)	80.3	26	85.4
Food Insecurity (Percent of adults aged 60+)	12.9	18	8.4
Community Support (Dollars per adult aged 65+ in poverty)	$1,213	13	$8,033
C&E — MICRO PERSPECTIVE TOTAL	0.025	20	
COMMUNITY & ENVIRONMENT TOTAL	0.057	23	
POLICY			
Low-Care Nursing Home Residents (Percent of residents)	10.3	19	1.1
Prescription Drug Coverage (Percent of adults aged 65+)	83.2	43	89.6
Geriatrician Shortfall (Percent of needed geriatricians)	61.0	22	13.1
POLICY TOTAL	-0.057	38	
CLINICAL CARE			
Dedicated Health Care Provider (Percent of adults aged 65+)	95.7	12	97.5
Recommended Hospital Care (Percent of hospitalized patients aged 65+)	97.9	35	99.1
Flu Vaccine (Percent of adults aged 65+)	55.4	40	70.1
Health Screenings (Percent of adults aged 65–74)	87.2	18	92.4
Diabetes Management (Percent of Medicare beneficiaries)	80.7	23	86.1
Home Health Care (Number of workers per 1,000 adults aged 75+)	80.4	30	299.6
Preventable Hospitalizations (Discharges per 1,000 Medicare beneficiaries)	70.3	36	27.4
Hospital Readmissions (Percent of hospitalized patients aged 65+)	16.1	36	12.3
Hospice Care (Percent of decedents aged 65+)	53.5	11	63.0
Hospital Deaths (Percent of decedents aged 65+)	21.8	14	16.4
CLINICAL CARE TOTAL	-0.001	27	
ALL DETERMINANTS	0.033	25	
OUTCOMES			
ICU Usage (Percent of decedents aged 65+)	13.3	30	5.1
Falls (Percent of adults aged 65+)	16.2	2	14.5
Hip Fractures (Rate per 1,000 Medicare beneficiaries)	6.7	12	3.0
Health Status (Percent very good or excellent of adults aged 65+)	43.7	17	49.3
Able-Bodied (Percent of adults aged 65+)	63.3	28	68.2
Premature Death (Deaths per 100,000 population aged 65–74)	1969	35	1425
Teeth Extractions (Percent of adults aged 65+)	13.3	9	7.0
Mental Health Days (Days in previous 30 days)	2.2	18	1.5
ALL OUTCOMES	0.14	12	
OVERALL	0.174	20	

SUPPLEMENTAL MEASURES

	2014 VALUE	2014 RANK	NO 1 STATE
Education (Percent of adults aged 65+)	19.3	34	31.0
Multiple Chronic Conditions (Percent of adults aged 65+)	39.3	46	20.9
Cognition (Percent of adults aged 65+)	9.4	32	6.6
Depression (Percent of adults aged 65+)	15.1	37	8.3
Suicide (Deaths per 100,000 adults aged 65+)	13.4	18	6.4

SENIOR POPULATION GROWTH	STATE	US
Projected Increase 2015–2030	38.1	52.7

Overall Rank: 20

Determinants Rank: 25
Outcomes Rank: 12

Strengths:

- Low prevalence of underweight seniors
- High percentage of dental visits
- Low prevalence of falls

Challenges:

- High prevalence of obesity
- Low prescription drug coverage
- Low flu vaccination coverage

Ranking: Michigan is 20th in this Senior Report. In the 2013 Edition, it ranked 26th.

Highlights:

- In the past year, smoking decreased by 22 percent, from 9.9 percent of adults aged 65 and older to 7.7 percent; however, more than 100,000 seniors still smoke.
- Chronic drinking increased in the past year, from 3.5 percent of adults aged 65 and older to 4.2 percent, with nearly 60,000 seniors who drink excessively.
- In the past year, the percentage of marginally food insecure seniors decreased from 14.4 percent of adults aged 60 and older to 12.9 percent.
- Flu vaccination coverage decreased in the past year, from 58.0 percent of adults aged 65 and older to 55.4 percent.
- In the past year, the use of hospice care among seniors increased by 24 percent, and the percentage of hospital deaths among seniors decreased by 17 percent.

Disparities: In Michigan, 62.7 percent of seniors with an income greater than $75,000 report their health is very good or excellent compared to only 31.6 percent of seniors with an income less than $25,000.

State Health Department Website:
www.michigan.gov/mdch

For a more detailed look at this data, visit **www.americashealthrankings.org**/senior/MI

MINNESOTA

SENIOR HEALTH

		2014 VALUE	2014 RANK		NO 1 STATE
DETERMINANTS	**BEHAVIORS**				
	Smoking (Percent of adults aged 65+)	8.8	22		4.7
	Chronic Drinking (Percent of adults aged 65+)	4.0	28		1.7
	Obesity (Percent of adults aged 65+)	26.3	24		14.1
	Underweight (Percent of adults aged 65+)	1.1	3		0.8
	Physical Inactivity (Percent of adults aged 65+)	26.2	10		21.1
	Dental Visits (Percent of adults aged 65+)	77.2	1		77.2
	Pain Management (Percent of adults aged 65+)	53.3	17		60.7
	BEHAVIORS TOTAL	0.118	4		
	COMMUNITY & ENVIRONMENT				
	Poverty (Percent of adults aged 65+)	8.1	23		5.4
	Volunteerism (Percent of adults aged 65+)	39.3	2		39.8
	Nursing Home Quality (Percent of 4 & 5 star beds)	59.8	3		67.3
	C&E — MACRO PERSPECTIVE TOTAL	0.143	1		
	Social Support (Percent of adults aged 65+)	83.4	7		85.4
	Food Insecurity (Percent of adults aged 60+)	8.6	2		8.4
	Community Support (Dollars per adult aged 65+ in poverty)	$542	37		$8,033
	C&E — MICRO PERSPECTIVE TOTAL	0.083	6		
	COMMUNITY & ENVIRONMENT TOTAL	0.226	1		
	POLICY				
	Low-Care Nursing Home Residents (Percent of residents)	12.9	31		1.1
	Prescription Drug Coverage (Percent of adults aged 65+)	89.6	1		89.6
	Geriatrician Shortfall (Percent of needed geriatricians)	47.8	12		13.1
	POLICY TOTAL	0.092	7		
	CLINICAL CARE				
	Dedicated Health Care Provider (Percent of adults aged 65+)	92.0	43		97.5
	Recommended Hospital Care (Percent of hospitalized patients aged 65+)	98.1	28		99.1
	Flu Vaccine (Percent of adults aged 65+)	65.5	10		70.1
	Health Screenings (Percent of adults aged 65–74)	89.8	6		92.4
	Diabetes Management (Percent of Medicare beneficiaries)	83.0	10		86.1
	Home Health Care (Number of workers per 1,000 adults aged 75+)	245.7	2		299.6
	Preventable Hospitalizations (Discharges per 1,000 Medicare beneficiaries)	49.4	7		27.4
	Hospital Readmissions (Percent of hospitalized patients aged 65+)	15.2	16		12.3
	Hospice Care (Percent of decedents aged 65+)	45.7	28		63.0
	Hospital Deaths (Percent of decedents aged 65+)	21.0	9		16.4
	CLINICAL CARE TOTAL	0.09	3		
	ALL DETERMINANTS	0.526	1		
OUTCOMES					
	ICU Usage (Percent of decedents aged 65+)	7.4	9		5.1
	Falls (Percent of adults aged 65+)	25.6	14		14.5
	Hip Fractures (Rate per 1,000 Medicare beneficiaries)	6.4	5		3.0
	Health Status (Percent very good or excellent of adults aged 65+)	45.3	8		49.3
	Able-Bodied (Percent of adults aged 65+)	68.2	1		68.2
	Premature Death (Deaths per 100,000 population aged 65–74)	1585	4		1425
	Teeth Extractions (Percent of adults aged 65+)	12.0	4		7.0
	Mental Health Days (Days in previous 30 days)	1.6	2		1.5
	ALL OUTCOMES	0.29	2		
	OVERALL	0.816	1		

SUPPLEMENTAL MEASURES

	2014 VALUE	2014 RANK		NO 1 STATE
Education (Percent of adults aged 65+)	22.7	22		31.0
Multiple Chronic Conditions (Percent of adults aged 65+)	24.2	4		20.9
Cognition (Percent of adults aged 65+)	6.6	1		6.6
Depression (Percent of adults aged 65+)	11.1	6		8.3
Suicide (Deaths per 100,000 adults aged 65+)	10.7	7		6.4

SENIOR POPULATION GROWTH	STATE	US
Projected Increase 2015–2030	54.1	52.7

Overall Rank: 1

Determinants Rank: 1
Outcomes Rank: 2

Strengths:

- Highest percentage of dental visits
- Low prevalence of food insecurity
- Highest percentage of able-bodied seniors

Challenges:

- Low community support expenditures
- High percentage of low-care nursing home residents
- Low percentage of dedicated health care professionals

Ranking: Minnesota is 1st in this Senior Report. In the 2013 Edition, it ranked 1st.

Highlights:

- In the past year, the prevalence of obesity increased from 23.7 percent of adults aged 65 and older to 26.3 percent, moving Minnesota's obesity rank from 12th to 24th.
- The percentage of quality nursing home beds increased in the past year, from 55.2 percent of beds rated 4 or 5 stars to 59.8 percent.
- In the past year, food insecurity increased from 7.4 percent of seniors aged 60 and older to 8.6 percent.
- Use of hospice care increased by 43 percent in the past year, from 32.0 percent of decedents aged 65 and older to 45.7 percent.
- Minnesota has the lowest prevalence of seniors with cognitive difficulties in the nation.

Disparities: In Minnesota, 59.2 percent of seniors with a college education report their health is very good or excellent compared to only 25.2 percent of seniors with less than a high school education.

State Health Department Website:
www.health.state.mn.us

For a more detailed look at this data, visit **www.americashealthrankings.org**/senior/MN

MISSISSIPPI

SENIOR HEALTH

		2014 VALUE	2014 RANK	NO 1 STATE
DETERMINANTS	**BEHAVIORS**			
	Smoking (Percent of adults aged 65+)	9.6	32	4.7
	Chronic Drinking (Percent of adults aged 65+)	2.0	4	1.7
	Obesity (Percent of adults aged 65+)	29.0	43	14.1
	Underweight (Percent of adults aged 65+)	1.8	39	0.8
	Physical Inactivity (Percent of adults aged 65+)	33.8	46	21.1
	Dental Visits (Percent of adults aged 65+)	50.2	49	77.2
	Pain Management (Percent of adults aged 65+)	46.6	47	60.7
	BEHAVIORS TOTAL	-0.181	48	
	COMMUNITY & ENVIRONMENT			
	Poverty (Percent of adults aged 65+)	13.5	50	5.4
	Volunteerism (Percent of adults aged 65+)	24.9	27	39.8
	Nursing Home Quality (Percent of 4 & 5 star beds)	46.7	30	67.3
	C&E — MACRO PERSPECTIVE TOTAL	-0.073	44	
	Social Support (Percent of adults aged 65+)	78.0	42	85.4
	Food Insecurity (Percent of adults aged 60+)	20.5	49	8.4
	Community Support (Dollars per adult aged 65+ in poverty)	$318	49	$8,033
	C&E — MICRO PERSPECTIVE TOTAL	-0.098	50	
	COMMUNITY & ENVIRONMENT TOTAL	-0.171	48	
	POLICY			
	Low-Care Nursing Home Residents (Percent of residents)	16.3	40	1.1
	Prescription Drug Coverage (Percent of adults aged 65+)	86.4	26	89.6
	Geriatrician Shortfall (Percent of needed geriatricians)	86.5	48	13.1
	POLICY TOTAL	-0.123	46	
	CLINICAL CARE			
	Dedicated Health Care Provider (Percent of adults aged 65+)	92.8	40	97.5
	Recommended Hospital Care (Percent of hospitalized patients aged 65+)	97.2	49	99.1
	Flu Vaccine (Percent of adults aged 65+)	62.4	18	70.1
	Health Screenings (Percent of adults aged 65–74)	82.2	44	92.4
	Diabetes Management (Percent of Medicare beneficiaries)	74.1	45	86.1
	Home Health Care (Number of workers per 1,000 adults aged 75+)	60.2	40	299.6
	Preventable Hospitalizations (Discharges per 1,000 Medicare beneficiaries)	85.8	47	27.4
	Hospital Readmissions (Percent of hospitalized patients aged 65+)	16.4	41	12.3
	Hospice Care (Percent of decedents aged 65+)	42.7	36	63.0
	Hospital Deaths (Percent of decedents aged 65+)	30.2	48	16.4
	CLINICAL CARE TOTAL	-0.142	50	
	ALL DETERMINANTS	-0.617	50	
OUTCOMES				
	ICU Usage (Percent of decedents aged 65+)	11.2	21	5.1
	Falls (Percent of adults aged 65+)	29.7	31	14.5
	Hip Fractures (Rate per 1,000 Medicare beneficiaries)	8.4	42	3.0
	Health Status (Percent very good or excellent of adults aged 65+)	29.0	50	49.3
	Able-Bodied (Percent of adults aged 65+)	54.8	50	68.2
	Premature Death (Deaths per 100,000 population aged 65–74)	2558	50	1425
	Teeth Extractions (Percent of adults aged 65+)	25.0	48	7.0
	Mental Health Days (Days in previous 30 days)	2.6	41	1.5
	ALL OUTCOMES	-0.283	47	
	OVERALL	-0.9	50	

SUPPLEMENTAL MEASURES

	2014 VALUE	2014 RANK	NO 1 STATE
Education (Percent of adults aged 65+)	16.6	44	31.0
Multiple Chronic Conditions (Percent of adults aged 65+)	33.8	25	20.9
Cognition (Percent of adults aged 65+)	13.5	50	6.6
Depression (Percent of adults aged 65+)	13.9	24	8.3
Suicide (Deaths per 100,000 adults aged 65+)	17.2	36	6.4

SENIOR POPULATION GROWTH	STATE	US
Projected Increase 2015–2030	46.3	52.7

Overall Rank: 50

Determinants Rank: 50
Outcomes Rank: 47

Strengths:

- Low prevalence of chronic drinking
- High flu vaccination coverage
- Moderate ICU usage

Challenges:

- Low percentage of dental visits
- Highest percentage of seniors living in poverty
- Low percentage of recommended hospital care

Ranking: Mississippi is 50th in this Senior Report. In the 2013 Edition, it ranked 50th.

Highlights:

- The prevalence of chronic drinking among seniors is one of the lowest in the country, ranking 4th for the second consecutive year.
- Mississippi ranks 50th in the percentage of seniors with cognitive difficulties.
- In the past year, flu vaccination coverage decreased from 65.4 percent of adults aged 65 and older to 62.4 percent, moving the state's flu vaccine rank from 10th to 18th.
- The percentage of quality nursing home beds increased from 41.0 percent of beds rated 4 or 5 stars to 46.7 percent in the past year.
- In the past year, physical inactivity decreased from 38.1 percent of adults aged 65 and older to 33.8 percent.

Disparities: In Mississippi, 48.5 percent of seniors with an income greater than $50,000 and less than $75,000 report their health is very good or excellent compared to only 20.8 percent of seniors with an income less than $25,000.

State Health Department Website:
www.msdh.state.ms.us

For a more detailed look at this data, visit **www.americashealthrankings.org**/senior/MS

MISSOURI

SENIOR HEALTH

		2014 VALUE	2014 RANK	NO 1 STATE
DETERMINANTS	**BEHAVIORS**			
	Smoking (Percent of adults aged 65+)	11.7	46	4.7
	Chronic Drinking (Percent of adults aged 65+)	3.1	14	1.7
	Obesity (Percent of adults aged 65+)	28.1	39	14.1
	Underweight (Percent of adults aged 65+)	1.1	3	0.8
	Physical Inactivity (Percent of adults aged 65+)	31.2	34	21.1
	Dental Visits (Percent of adults aged 65+)	58.7	43	77.2
	Pain Management (Percent of adults aged 65+)	55.2	12	60.7
	BEHAVIORS TOTAL	-0.057	34	
	COMMUNITY & ENVIRONMENT			
	Poverty (Percent of adults aged 65+)	8.8	30	5.4
	Volunteerism (Percent of adults aged 65+)	28.0	18	39.8
	Nursing Home Quality (Percent of 4 & 5 star beds)	47.5	28	67.3
	C&E — MACRO PERSPECTIVE TOTAL	0.022	24	
	Social Support (Percent of adults aged 65+)	80.7	23	85.4
	Food Insecurity (Percent of adults aged 60+)	15.8	34	8.4
	Community Support (Dollars per adult aged 65+ in poverty)	$718	26	$8,033
	C&E — MICRO PERSPECTIVE TOTAL	-0.012	33	
	COMMUNITY & ENVIRONMENT TOTAL	0.01	27	
	POLICY			
	Low-Care Nursing Home Residents (Percent of residents)	21.1	47	1.1
	Prescription Drug Coverage (Percent of adults aged 65+)	87.3	17	89.6
	Geriatrician Shortfall (Percent of needed geriatricians)	58.2	19	13.1
	POLICY TOTAL	-0.065	39	
	CLINICAL CARE			
	Dedicated Health Care Provider (Percent of adults aged 65+)	94.4	33	97.5
	Recommended Hospital Care (Percent of hospitalized patients aged 65+)	98.2	22	99.1
	Flu Vaccine (Percent of adults aged 65+)	67.3	6	70.1
	Health Screenings (Percent of adults aged 65–74)	86.1	27	92.4
	Diabetes Management (Percent of Medicare beneficiaries)	79.2	32	86.1
	Home Health Care (Number of workers per 1,000 adults aged 75+)	82.8	26	299.6
	Preventable Hospitalizations (Discharges per 1,000 Medicare beneficiaries)	72.4	39	27.4
	Hospital Readmissions (Percent of hospitalized patients aged 65+)	16.0	33	12.3
	Hospice Care (Percent of decedents aged 65+)	48.7	18	63.0
	Hospital Deaths (Percent of decedents aged 65+)	26.2	34	16.4
	CLINICAL CARE TOTAL	0	25	
	ALL DETERMINANTS	-0.111	35	
OUTCOMES				
	ICU Usage (Percent of decedents aged 65+)	14.9	36	5.1
	Falls (Percent of adults aged 65+)	31.1	41	14.5
	Hip Fractures (Rate per 1,000 Medicare beneficiaries)	8.2	36	3.0
	Health Status (Percent very good or excellent of adults aged 65+)	36.1	40	49.3
	Able-Bodied (Percent of adults aged 65+)	61.9	38	68.2
	Premature Death (Deaths per 100,000 population aged 65–74)	2088	38	1425
	Teeth Extractions (Percent of adults aged 65+)	24.9	47	7.0
	Mental Health Days (Days in previous 30 days)	2.4	27	1.5
	ALL OUTCOMES	-0.168	42	
	OVERALL	-0.279	39	

SUPPLEMENTAL MEASURES

	2014 VALUE	2014 RANK	NO 1 STATE
Education (Percent of adults aged 65+)	18.0	38	31.0
Multiple Chronic Conditions (Percent of adults aged 65+)	35.9	31	20.9
Cognition (Percent of adults aged 65+)	9.1	30	6.6
Depression (Percent of adults aged 65+)	15.7	42	8.3
Suicide (Deaths per 100,000 adults aged 65+)	15.8	27	6.4

SENIOR POPULATION GROWTH	STATE	US
Projected Increase 2015–2030	41.1	52.7

Overall Rank: 39

Determinants Rank: 35
Outcomes Rank: 42

Strengths:

- Low prevalence of underweight seniors
- Low prevalence of activity-limiting arthritis pain
- High flu vaccination coverage

Challenges:

- High prevalence of smoking
- High percentage of low-care nursing home residents
- High prevalence of teeth extractions

Ranking: Missouri is 39th in this Senior Report. In the 2013 Edition, it ranked 36th.

Highlights:

- Flu vaccination coverage increased in the past year, from 63.1 percent of seniors to 67.3 percent.
- In the past year, health screenings increased from 81.6 percent of adults aged 65 to 74 to 86.1 percent, improving Missouri's health screenings rank by 18.
- In the past year, the prevalence of underweight seniors decreased from 1.6 percent of adults aged 65 and older to 1.1 percent.
- Among seniors, use of hospice care increased by 33 percent, and hospital deaths decreased by 14 percent in the last year.
- The number of poor mental health days increased in the past year, from 2.1 to 2.4 days in the last 30 days, moving Missouri's mental health days rank from 14th to 27th.

Disparities: In Missouri, 55.9 percent of seniors with an income greater than $75,000 report their health is very good or excellent compared to only 26.0 percent of seniors with an income less than $25,000.

State Health Department Website:
www.dhss.mo.gov

For a more detailed look at this data, visit **www.americashealthrankings.org**/senior/MO

MONTANA

SENIOR HEALTH

		2014 VALUE	2014 RANK	NO 1 STATE
DETERMINANTS	BEHAVIORS			
	Smoking (Percent of adults aged 65+)	7.8	12	4.7
	Chronic Drinking (Percent of adults aged 65+)	4.4	33	1.7
	Obesity (Percent of adults aged 65+)	22.3	6	14.1
	Underweight (Percent of adults aged 65+)	1.4	13	0.8
	Physical Inactivity (Percent of adults aged 65+)	27.6	15	21.1
	Dental Visits (Percent of adults aged 65+)	63.0	34	77.2
	Pain Management (Percent of adults aged 65+)	56.0	8	60.7
	BEHAVIORS TOTAL	0.089	7	
	COMMUNITY & ENVIRONMENT			
	Poverty (Percent of adults aged 65+)	8.0	22	5.4
	Volunteerism (Percent of adults aged 65+)	30.6	11	39.8
	Nursing Home Quality (Percent of 4 & 5 star beds)	43.3	36	67.3
	C&E — MACRO PERSPECTIVE TOTAL	0.033	21	
	Social Support (Percent of adults aged 65+)	79.4	31	85.4
	Food Insecurity (Percent of adults aged 60+)	13.7	22	8.4
	Community Support (Dollars per adult aged 65+ in poverty)	$1,255	11	$8,033
	C&E — MICRO PERSPECTIVE TOTAL	0.009	27	
	COMMUNITY & ENVIRONMENT TOTAL	0.041	25	
	POLICY			
	Low-Care Nursing Home Residents (Percent of residents)	15.3	39	1.1
	Prescription Drug Coverage (Percent of adults aged 65+)	83.0	44	89.6
	Geriatrician Shortfall (Percent of needed geriatricians)	87.3	49	13.1
	POLICY TOTAL	-0.188	48	
	CLINICAL CARE			
	Dedicated Health Care Provider (Percent of adults aged 65+)	91.7	45	97.5
	Recommended Hospital Care (Percent of hospitalized patients aged 65+)	98.7	3	99.1
	Flu Vaccine (Percent of adults aged 65+)	57.5	36	70.1
	Health Screenings (Percent of adults aged 65–74)	80.2	48	92.4
	Diabetes Management (Percent of Medicare beneficiaries)	71.6	47	86.1
	Home Health Care (Number of workers per 1,000 adults aged 75+)	105.9	16	299.6
	Preventable Hospitalizations (Discharges per 1,000 Medicare beneficiaries)	51.7	11	27.4
	Hospital Readmissions (Percent of hospitalized patients aged 65+)	14.6	7	12.3
	Hospice Care (Percent of decedents aged 65+)	40.8	40	63.0
	Hospital Deaths (Percent of decedents aged 65+)	20.6	6	16.4
	CLINICAL CARE TOTAL	-0.019	34	
	ALL DETERMINANTS	-0.076	32	
OUTCOMES				
	ICU Usage (Percent of decedents aged 65+)	7.8	11	5.1
	Falls (Percent of adults aged 65+)	33.6	49	14.5
	Hip Fractures (Rate per 1,000 Medicare beneficiaries)	7.4	29	3.0
	Health Status (Percent very good or excellent of adults aged 65+)	44.3	13	49.3
	Able-Bodied (Percent of adults aged 65+)	63.2	30	68.2
	Premature Death (Deaths per 100,000 population aged 65–74)	1831	24	1425
	Teeth Extractions (Percent of adults aged 65+)	18.1	32	7.0
	Mental Health Days (Days in previous 30 days)	2.5	35	1.5
	ALL OUTCOMES	0.012	28	
	OVERALL	-0.064	30	

SUPPLEMENTAL MEASURES

	2014 VALUE	2014 RANK	NO 1 STATE
Education (Percent of adults aged 65+)	23.5	19	31.0
Multiple Chronic Conditions (Percent of adults aged 65+)	23.1	3	20.9
Cognition (Percent of adults aged 65+)	7.3	7	6.6
Depression (Percent of adults aged 65+)	14.5	30	8.3
Suicide (Deaths per 100,000 adults aged 65+)	24.4	48	6.4

SENIOR POPULATION GROWTH	STATE	US
Projected Increase 2015–2030	55.1	52.7

Overall Rank: 30

Determinants Rank: 32
Outcomes Rank: 28

Strengths:

- Low prevalence of obesity
- High percentage of recommended hospital care
- Low percentage of hospital deaths

Challenges:

- High geriatrician shortfall
- Low percentage of health screenings
- High prevalence of falls

Ranking: Montana is 30th in this Senior Report. In the 2013 Edition, it ranked 35th.

Highlights:

- In the past year, the percentage of seniors who report their health is very good or excellent increased from 39.8 percent to 44.3 percent, improving Montana's health status rank by 8.
- The percentage of seniors with a dedicated health care professional increased in the past year, from 89.7 percent to 91.7 percent.
- In the past year, smoking decreased from 11.0 percent of adults aged 65 and older to 7.8 percent; 12,000 seniors smoke in Montana.
- Among seniors, use of hospice care increased by 34 percent, and hospital deaths decreased by 12 percent in the last year.
- The ranks for dental visits and chronic drinking in Montana are worse than the ranks of other behaviors in the state.

Disparities: In Montana, 63.2 percent of seniors with a college education report their health is very good or excellent compared to only 22.4 percent of seniors with less than a high school education.

State Health Department Website:
www.dphhs.mt.gov

For a more detailed look at this data, visit **www.americashealthrankings.org**/senior/MT

NEBRASKA

SENIOR HEALTH

		2014 VALUE	2014 RANK	NO 1 STATE
DETERMINANTS	**BEHAVIORS**			
	Smoking (Percent of adults aged 65+)	8.4	17	4.7
	Chronic Drinking (Percent of adults aged 65+)	4.4	33	1.7
	Obesity (Percent of adults aged 65+)	26.8	28	14.1
	Underweight (Percent of adults aged 65+)	1.4	13	0.8
	Physical Inactivity (Percent of adults aged 65+)	29.4	27	21.1
	Dental Visits (Percent of adults aged 65+)	68.5	19	77.2
	Pain Management (Percent of adults aged 65+)	54.5	14	60.7
	BEHAVIORS TOTAL	0.022	19	
	COMMUNITY & ENVIRONMENT			
	Poverty (Percent of adults aged 65+)	7.5	13	5.4
	Volunteerism (Percent of adults aged 65+)	34.5	8	39.8
	Nursing Home Quality (Percent of 4 & 5 star beds)	49.9	22	67.3
	C&E — MACRO PERSPECTIVE TOTAL	0.09	10	
	Social Support (Percent of adults aged 65+)	78.4	41	85.4
	Food Insecurity (Percent of adults aged 60+)	11.2	10	8.4
	Community Support (Dollars per adult aged 65+ in poverty)	$1,552	9	$8,033
	C&E — MICRO PERSPECTIVE TOTAL	0.031	18	
	COMMUNITY & ENVIRONMENT TOTAL	0.121	16	
	POLICY			
	Low-Care Nursing Home Residents (Percent of residents)	12.8	30	1.1
	Prescription Drug Coverage (Percent of adults aged 65+)	88.4	5	89.6
	Geriatrician Shortfall (Percent of needed geriatricians)	74.5	42	13.1
	POLICY TOTAL	-0.014	24	
	CLINICAL CARE			
	Dedicated Health Care Provider (Percent of adults aged 65+)	95.6	14	97.5
	Recommended Hospital Care (Percent of hospitalized patients aged 65+)	98.7	3	99.1
	Flu Vaccine (Percent of adults aged 65+)	62.9	16	70.1
	Health Screenings (Percent of adults aged 65–74)	82.3	43	92.4
	Diabetes Management (Percent of Medicare beneficiaries)	74.7	42	86.1
	Home Health Care (Number of workers per 1,000 adults aged 75+)	35.8	49	299.6
	Preventable Hospitalizations (Discharges per 1,000 Medicare beneficiaries)	63.8	29	27.4
	Hospital Readmissions (Percent of hospitalized patients aged 65+)	15.6	23	12.3
	Hospice Care (Percent of decedents aged 65+)	47.3	22	63.0
	Hospital Deaths (Percent of decedents aged 65+)	22.5	18	16.4
	CLINICAL CARE TOTAL	-0.005	30	
	ALL DETERMINANTS	0.124	18	
OUTCOMES				
	ICU Usage (Percent of decedents aged 65+)	11.1	20	5.1
	Falls (Percent of adults aged 65+)	31.2	42	14.5
	Hip Fractures (Rate per 1,000 Medicare beneficiaries)	7.5	31	3.0
	Health Status (Percent very good or excellent of adults aged 65+)	42.8	19	49.3
	Able-Bodied (Percent of adults aged 65+)	65.5	17	68.2
	Premature Death (Deaths per 100,000 population aged 65–74)	1819	23	1425
	Teeth Extractions (Percent of adults aged 65+)	13.4	11	7.0
	Mental Health Days (Days in previous 30 days)	1.7	4	1.5
	ALL OUTCOMES	0.109	19	
	OVERALL	0.233	16	

SUPPLEMENTAL MEASURES

	2014 VALUE	2014 RANK	NO 1 STATE
Education (Percent of adults aged 65+)	18.4	37	31.0
Multiple Chronic Conditions (Percent of adults aged 65+)	29.0	14	20.9
Cognition (Percent of adults aged 65+)	6.9	4	6.6
Depression (Percent of adults aged 65+)	12.2	14	8.3
Suicide (Deaths per 100,000 adults aged 65+)	11.6	10	6.4

SENIOR POPULATION GROWTH	STATE	US
Projected Increase 2015–2030	38.5	52.7

Overall Rank: 16

Determinants Rank: 18
Outcomes Rank: 19

Strengths:
- High prescription drug coverage
- High percentage of recommended hospital care
- Few poor mental health days

Challenges:
- High prevalence of falls
- High geriatrician shortfall
- Limited availability of home health care workers

NEBRASKA

Ranking: Nebraska is 16th in this Senior Report. In the 2013 Edition, it ranked 16th.

Highlights:
- In the past year, physical inactivity decreased from 33.0 percent to 29.4 percent of seniors; nearly 75,000 seniors are inactive in the state.
- The percentage of seniors reporting their health is very good or excellent increased from 40.2 percent to 42.8 percent in the past year.
- In the past year, chronic drinking increased by 47 percent, from 3.0 percent of adults aged 65 and older to 4.4 percent.
- In the past year, food insecurity increased from 7.7 percent of adults aged 60 and older to 11.2 percent, moving the food insecurity rank from 3rd to 10th.
- Among seniors, hospice care use increased by 44 percent, and hospital deaths decreased by 15 percent, in the last year.

Disparities: In Nebraska, 57.7 percent of seniors with a college education report their health is very good or excellent compared to only 23.9 percent of seniors with less than a high school education.

State Health Department Website:
www.dhhs.ne.gov/

For a more detailed look at this data, visit **www.americashealthrankings.org**/senior/NE

NEVADA

SENIOR HEALTH

		2014 VALUE	2014 RANK	NO 1 STATE
DETERMINANTS	BEHAVIORS			
	Smoking (Percent of adults aged 65+)	14.2	50	4.7
	Chronic Drinking (Percent of adults aged 65+)	4.5	37	1.7
	Obesity (Percent of adults aged 65+)	25.1	11	14.1
	Underweight (Percent of adults aged 65+)	3.1	49	0.8
	Physical Inactivity (Percent of adults aged 65+)	28.5	21	21.1
	Dental Visits (Percent of adults aged 65+)	64.9	26	77.2
	Pain Management (Percent of adults aged 65+)	55.8	9	60.7
	BEHAVIORS TOTAL	-0.122	43	
	COMMUNITY & ENVIRONMENT			
	Poverty (Percent of adults aged 65+)	8.5	27	5.4
	Volunteerism (Percent of adults aged 65+)	17.0	50	39.8
	Nursing Home Quality (Percent of 4 & 5 star beds)	46.7	30	67.3
	C&E — MACRO PERSPECTIVE TOTAL	-0.034	40	
	Social Support (Percent of adults aged 65+)	78.5	38	85.4
	Food Insecurity (Percent of adults aged 60+)	18.8	46	8.4
	Community Support (Dollars per adult aged 65+ in poverty)	$283	50	$8,033
	C&E — MICRO PERSPECTIVE TOTAL	-0.076	46	
	COMMUNITY & ENVIRONMENT TOTAL	-0.111	43	
	POLICY			
	Low-Care Nursing Home Residents (Percent of residents)	10.2	18	1.1
	Prescription Drug Coverage (Percent of adults aged 65+)	86.3	27	89.6
	Geriatrician Shortfall (Percent of needed geriatricians)	73.4	38	13.1
	POLICY TOTAL	-0.029	31	
	CLINICAL CARE			
	Dedicated Health Care Provider (Percent of adults aged 65+)	91.4	46	97.5
	Recommended Hospital Care (Percent of hospitalized patients aged 65+)	97.7	40	99.1
	Flu Vaccine (Percent of adults aged 65+)	50.0	50	70.1
	Health Screenings (Percent of adults aged 65–74)	84.4	35	92.4
	Diabetes Management (Percent of Medicare beneficiaries)	76.9	35	86.1
	Home Health Care (Number of workers per 1,000 adults aged 75+)	76.4	34	299.6
	Preventable Hospitalizations (Discharges per 1,000 Medicare beneficiaries)	57.3	16	27.4
	Hospital Readmissions (Percent of hospitalized patients aged 65+)	16.5	43	12.3
	Hospice Care (Percent of decedents aged 65+)	45.9	25	63.0
	Hospital Deaths (Percent of decedents aged 65+)	27.4	39	16.4
	CLINICAL CARE TOTAL	-0.102	48	
	ALL DETERMINANTS	-0.364	45	
OUTCOMES				
	ICU Usage (Percent of decedents aged 65+)	19.6	47	5.1
	Falls (Percent of adults aged 65+)	23.7	7	14.5
	Hip Fractures (Rate per 1,000 Medicare beneficiaries)	7.6	33	3.0
	Health Status (Percent very good or excellent of adults aged 65+)	43.9	15	49.3
	Able-Bodied (Percent of adults aged 65+)	65.1	20	68.2
	Premature Death (Deaths per 100,000 population aged 65–74)	1976	36	1425
	Teeth Extractions (Percent of adults aged 65+)	15.1	18	7.0
	Mental Health Days (Days in previous 30 days)	3.0	47	1.5
	ALL OUTCOMES	-0.025	34	
	OVERALL	-0.389	42	

SUPPLEMENTAL MEASURES

	2014 VALUE	2014 RANK	NO 1 STATE
Education (Percent of adults aged 65+)	22.1	24	31.0
Multiple Chronic Conditions (Percent of adults aged 65+)	30.9	17	20.9
Cognition (Percent of adults aged 65+)	7.9	13	6.6
Depression (Percent of adults aged 65+)	14.4	27	8.3
Suicide (Deaths per 100,000 adults aged 65+)	32.3	50	6.4

SENIOR POPULATION GROWTH	STATE	US
Projected Increase 2015–2030	89.0	52.7

Overall Rank: 42

Determinants Rank: 45
Outcomes Rank: 34

Strengths:

- Low prevalence of obesity
- Low prevalence of falls
- High health status

Challenges:

- Highest prevalence of smoking
- Lowest percentage of volunteerism
- Lowest flu vaccination coverage

Ranking: Nevada is 42nd in this Senior Report. In the 2013 Edition, it ranked 41st.

Highlights:

- Obesity prevalence increased by 39 percent in the past year, from 18.1 percent of adults aged 65 and older to 25.1 percent; 91,000 seniors are obese in Nevada.
- The percentage of quality nursing home beds increased from 35.9 percent of beds rated 4 or 5 stars to 46.7 percent in the past year.
- Flu vaccination coverage, already very low in Nevada, decreased further in the past year from 53.7 to 50.0 percent of seniors.
- In the past year, the percentage of seniors reporting their health is very good or excellent increased by 16 percent, from 38.0 percent of adults aged 65 and older to 43.9 percent.
- Nevada's suicide rate is the highest in the nation at 32.3 deaths per 100,000 adults aged 65 and older.

Disparities: In Nevada, 18.9 percent of seniors with a college education are physically inactive compared to 54.3 percent of seniors with less than a high school education.

State Health Department Website:
http://dhhs.nv.gov/

For a more detailed look at this data, visit **www.americashealthrankings.org**/senior/NV

NEW HAMPSHIRE

SENIOR HEALTH

		2014 VALUE	2014 RANK		NO 1 STATE
DETERMINANTS	**BEHAVIORS**				
	Smoking (Percent of adults aged 65+)	6.9	6		4.7
	Chronic Drinking (Percent of adults aged 65+)	4.6	38		1.7
	Obesity (Percent of adults aged 65+)	26.5	26		14.1
	Underweight (Percent of adults aged 65+)	1.7	29		0.8
	Physical Inactivity (Percent of adults aged 65+)	27.6	15		21.1
	Dental Visits (Percent of adults aged 65+)	72.8	7		77.2
	Pain Management (Percent of adults aged 65+)	57.0	5		60.7
	BEHAVIORS TOTAL	0.091	6		
	COMMUNITY & ENVIRONMENT				
	Poverty (Percent of adults aged 65+)	6.2	4		5.4
	Volunteerism (Percent of adults aged 65+)	27.4	19		39.8
	Nursing Home Quality (Percent of 4 & 5 star beds)	67.3	1		67.3
	C&E — MACRO PERSPECTIVE TOTAL	0.13	4		
	Social Support (Percent of adults aged 65+)	77.6	44		85.4
	Food Insecurity (Percent of adults aged 60+)	10.0	4		8.4
	Community Support (Dollars per adult aged 65+ in poverty)	$3,483	4		$8,033
	C&E — MICRO PERSPECTIVE TOTAL	0.084	5		
	COMMUNITY & ENVIRONMENT TOTAL	0.213	2		
	POLICY				
	Low-Care Nursing Home Residents (Percent of residents)	12.3	28		1.1
	Prescription Drug Coverage (Percent of adults aged 65+)	78.3	50		89.6
	Geriatrician Shortfall (Percent of needed geriatricians)	34.2	3		13.1
	POLICY TOTAL	-0.027	29		
	CLINICAL CARE				
	Dedicated Health Care Provider (Percent of adults aged 65+)	97.0	4		97.5
	Recommended Hospital Care (Percent of hospitalized patients aged 65+)	98.7	3		99.1
	Flu Vaccine (Percent of adults aged 65+)	58.9	32		70.1
	Health Screenings (Percent of adults aged 65–74)	91.3	3		92.4
	Diabetes Management (Percent of Medicare beneficiaries)	84.8	2		86.1
	Home Health Care (Number of workers per 1,000 adults aged 75+)	85.9	24		299.6
	Preventable Hospitalizations (Discharges per 1,000 Medicare beneficiaries)	58.2	18		27.4
	Hospital Readmissions (Percent of hospitalized patients aged 65+)	15.0	14		12.3
	Hospice Care (Percent of decedents aged 65+)	43.4	34		63.0
	Hospital Deaths (Percent of decedents aged 65+)	24.1	26		16.4
	CLINICAL CARE TOTAL	0.08	5		
	ALL DETERMINANTS	0.357	4		
OUTCOMES					
	ICU Usage (Percent of decedents aged 65+)	6.5	5		5.1
	Falls (Percent of adults aged 65+)	29.9	33		14.5
	Hip Fractures (Rate per 1,000 Medicare beneficiaries)	6.5	9		3.0
	Health Status (Percent very good or excellent of adults aged 65+)	47.7	3		49.3
	Able-Bodied (Percent of adults aged 65+)	67.8	2		68.2
	Premature Death (Deaths per 100,000 population aged 65–74)	1745	15		1425
	Teeth Extractions (Percent of adults aged 65+)	13.1	8		7.0
	Mental Health Days (Days in previous 30 days)	2.1	10		1.5
	ALL OUTCOMES	0.209	5		
	OVERALL	0.567	3		

SUPPLEMENTAL MEASURES

	2014 VALUE	2014 RANK		NO 1 STATE
Education (Percent of adults aged 65+)	26.3	9		31.0
Multiple Chronic Conditions (Percent of adults aged 65+)	30.9	18		20.9
Cognition (Percent of adults aged 65+)	7.1	6		6.6
Depression (Percent of adults aged 65+)	14.3	26		8.3
Suicide (Deaths per 100,000 adults aged 65+)	16.4	29		6.4

SENIOR POPULATION GROWTH	STATE	US
Projected Increase 2015–2030	62.2	52.7

Overall Rank: 3

Determinants Rank: 4
Outcomes Rank: 5

Strengths:

- Highest percentage of quality nursing home beds
- High percentage of health screenings
- Low prevalence of food insecurity

Challenges:

- Lowest prescription drug coverage
- High prevalence of chronic drinking
- Low percentage of social support

Ranking: New Hampshire is 3rd in this Senior Report. In the 2013 Edition, it ranked 4th.

Highlights:

- Smoking prevalence among seniors is low in New Hampshire; fewer than 15,000 adults aged 65 and older smoke.
- The prevalence of chronic drinking remains high among seniors.
- In the past year, the percentage of quality nursing home beds increased from 54.2 percent of beds rated 4 or 5 stars to 67.3 percent.
- New Hampshire falls below average for use of hospice care among seniors; however, it increased by 40.5 percent in the past year.
- In the past year, the geriatrician shortfall remained low, decreasing from 38.5 percent to 34.2 percent of geriatricians needed.

Disparities: In New Hampshire, 63.1 percent of seniors with a college education report their health is very good or excellent compared to only 22.7 percent of seniors with less than a high school education.

State Health Department Website:
www.dhhs.state.nh.us

For a more detailed look at this data, visit **www.americashealthrankings.org**/senior/NH

NEW JERSEY

SENIOR HEALTH

		2014 VALUE	2014 RANK	NO 1 STATE
DETERMINANTS	**BEHAVIORS**			
	Smoking (Percent of adults aged 65+)	8.0	13	4.7
	Chronic Drinking (Percent of adults aged 65+)	3.2	16	1.7
	Obesity (Percent of adults aged 65+)	27.2	35	14.1
	Underweight (Percent of adults aged 65+)	2.1	44	0.8
	Physical Inactivity (Percent of adults aged 65+)	33.3	44	21.1
	Dental Visits (Percent of adults aged 65+)	70.2	14	77.2
	Pain Management (Percent of adults aged 65+)	53.6	16	60.7
	BEHAVIORS TOTAL	-0.023	28	
	COMMUNITY & ENVIRONMENT			
	Poverty (Percent of adults aged 65+)	7.7	15	5.4
	Volunteerism (Percent of adults aged 65+)	20.0	41	39.8
	Nursing Home Quality (Percent of 4 & 5 star beds)	46.8	29	67.3
	C&E — MACRO PERSPECTIVE TOTAL	-0.003	29	
	Social Support (Percent of adults aged 65+)	79.9	28	85.4
	Food Insecurity (Percent of adults aged 60+)	13.7	22	8.4
	Community Support (Dollars per adult aged 65+ in poverty)	$729	25	$8,033
	C&E — MICRO PERSPECTIVE TOTAL	0.001	29	
	COMMUNITY & ENVIRONMENT TOTAL	-0.003	28	
	POLICY			
	Low-Care Nursing Home Residents (Percent of residents)	13.0	32	1.1
	Prescription Drug Coverage (Percent of adults aged 65+)	85.8	32	89.6
	Geriatrician Shortfall (Percent of needed geriatricians)	42.5	9	13.1
	POLICY TOTAL	0.028	15	
	CLINICAL CARE			
	Dedicated Health Care Provider (Percent of adults aged 65+)	95.1	25	97.5
	Recommended Hospital Care (Percent of hospitalized patients aged 65+)	98.4	16	99.1
	Flu Vaccine (Percent of adults aged 65+)	61.2	21	70.1
	Health Screenings (Percent of adults aged 65–74)	86.8	19	92.4
	Diabetes Management (Percent of Medicare beneficiaries)	83.4	8	86.1
	Home Health Care (Number of workers per 1,000 adults aged 75+)	71.3	38	299.6
	Preventable Hospitalizations (Discharges per 1,000 Medicare beneficiaries)	66.7	33	27.4
	Hospital Readmissions (Percent of hospitalized patients aged 65+)	16.8	46	12.3
	Hospice Care (Percent of decedents aged 65+)	45.9	25	63.0
	Hospital Deaths (Percent of decedents aged 65+)	28.7	46	16.4
	CLINICAL CARE TOTAL	-0.015	33	
	ALL DETERMINANTS	-0.013	28	
OUTCOMES				
	ICU Usage (Percent of decedents aged 65+)	24.7	50	5.1
	Falls (Percent of adults aged 65+)	22.2	5	14.5
	Hip Fractures (Rate per 1,000 Medicare beneficiaries)	6.4	5	3.0
	Health Status (Percent very good or excellent of adults aged 65+)	39.8	28	49.3
	Able-Bodied (Percent of adults aged 65+)	67.1	7	68.2
	Premature Death (Deaths per 100,000 population aged 65–74)	1710	13	1425
	Teeth Extractions (Percent of adults aged 65+)	14.0	15	7.0
	Mental Health Days (Days in previous 30 days)	2.1	10	1.5
	ALL OUTCOMES	0.092	21	
	OVERALL	0.079	24	

SUPPLEMENTAL MEASURES

	2014 VALUE	2014 RANK	NO 1 STATE
Education (Percent of adults aged 65+)	24.1	16	31.0
Multiple Chronic Conditions (Percent of adults aged 65+)	43.2	49	20.9
Cognition (Percent of adults aged 65+)	8.3	17	6.6
Depression (Percent of adults aged 65+)	11.6	8	8.3
Suicide (Deaths per 100,000 adults aged 65+)	8.0	3	6.4

SENIOR POPULATION GROWTH	STATE	US
Projected Increase 2015–2030	41.5	52.7

Overall Rank: 24

Determinants Rank: 28
Outcomes Rank: 21

Strengths:

- Low geriatrician shortfall
- High percentage of diabetes management
- Low prevalence of falls and hip fractures

Challenges:

- High prevalence of physical inactivity
- High percentage of hospital deaths
- Highest ICU usage

Ranking: New Jersey is 24th in this Senior Report. In the 2013 Edition, it ranked 28th.

Highlights:

- In the past year, the prevalence of obesity increased slightly, from 25.0 percent of adults aged 65 and older to 27.2 percent; more than 350,000 seniors are obese in the state.
- The percentage of health screenings increased in the past year from 82.9 percent of adults aged 65 and older to 86.8 percent.
- In the past year, hospital deaths decreased by 22 percent, from 36.7 percent to 28.7 percent of decedents aged 65 and older; New Jersey ranks in the bottom 5 in this measure.
- The percentage of quality nursing home beds increased by 10 percent in the past year.
- In the past year, food insecurity among seniors increased by 11 percent, from 12.3 percent to 13.7 percent of adults aged 60 and older.

Disparities: In New Jersey, 56.4 percent of seniors with an income greater than $75,000 report their health is very good or excellent compared to only 25.3 percent of seniors with an income less than $25,000.

State Health Department Website:
www.state.nj.us/health

For a more detailed look at this data, visit **www.americashealthrankings.org**/senior/NJ

NEW MEXICO

SENIOR HEALTH

		2014 VALUE	2014 RANK	NO 1 STATE
DETERMINANTS	BEHAVIORS			
	Smoking (Percent of adults aged 65+)	10.1	38	4.7
	Chronic Drinking (Percent of adults aged 65+)	3.1	14	1.7
	Obesity (Percent of adults aged 65+)	20.4	3	14.1
	Underweight (Percent of adults aged 65+)	1.7	29	0.8
	Physical Inactivity (Percent of adults aged 65+)	26.7	11	21.1
	Dental Visits (Percent of adults aged 65+)	63.6	29	77.2
	Pain Management (Percent of adults aged 65+)	46.6	47	60.7
	BEHAVIORS TOTAL	0.01	21	
	COMMUNITY & ENVIRONMENT			
	Poverty (Percent of adults aged 65+)	12.0	48	5.4
	Volunteerism (Percent of adults aged 65+)	23.1	31	39.8
	Nursing Home Quality (Percent of 4 & 5 star beds)	43.6	35	67.3
	C&E — MACRO PERSPECTIVE TOTAL	-0.078	45	
	Social Support (Percent of adults aged 65+)	80.2	27	85.4
	Food Insecurity (Percent of adults aged 60+)	18.1	44	8.4
	Community Support (Dollars per adult aged 65+ in poverty)	$915	18	$8,033
	C&E — MICRO PERSPECTIVE TOTAL	-0.036	38	
	COMMUNITY & ENVIRONMENT TOTAL	-0.114	45	
	POLICY			
	Low-Care Nursing Home Residents (Percent of residents)	13.3	33	1.1
	Prescription Drug Coverage (Percent of adults aged 65+)	85.7	34	89.6
	Geriatrician Shortfall (Percent of needed geriatricians)	56.4	18	13.1
	POLICY TOTAL	-0.019	26	
	CLINICAL CARE			
	Dedicated Health Care Provider (Percent of adults aged 65+)	90.3	47	97.5
	Recommended Hospital Care (Percent of hospitalized patients aged 65+)	97.7	40	99.1
	Flu Vaccine (Percent of adults aged 65+)	57.8	34	70.1
	Health Screenings (Percent of adults aged 65–74)	81.8	45	92.4
	Diabetes Management (Percent of Medicare beneficiaries)	67.4	48	86.1
	Home Health Care (Number of workers per 1,000 adults aged 75+)	193.3	4	299.6
	Preventable Hospitalizations (Discharges per 1,000 Medicare beneficiaries)	53.2	13	27.4
	Hospital Readmissions (Percent of hospitalized patients aged 65+)	14.6	7	12.3
	Hospice Care (Percent of decedents aged 65+)	50.3	16	63.0
	Hospital Deaths (Percent of decedents aged 65+)	22.6	19	16.4
	CLINICAL CARE TOTAL	-0.024	36	
	ALL DETERMINANTS	-0.148	36	
OUTCOMES				
	ICU Usage (Percent of decedents aged 65+)	11.9	23	5.1
	Falls (Percent of adults aged 65+)	32.0	43	14.5
	Hip Fractures (Rate per 1,000 Medicare beneficiaries)	8.0	35	3.0
	Health Status (Percent very good or excellent of adults aged 65+)	37.3	34	49.3
	Able-Bodied (Percent of adults aged 65+)	59.1	43	68.2
	Premature Death (Deaths per 100,000 population aged 65–74)	1693	11	1425
	Teeth Extractions (Percent of adults aged 65+)	16.2	26	7.0
	Mental Health Days (Days in previous 30 days)	2.4	27	1.5
	ALL OUTCOMES	-0.066	35	
	OVERALL	-0.214	38	

SUPPLEMENTAL MEASURES

	2014 VALUE	2014 RANK	NO 1 STATE
Education (Percent of adults aged 65+)	25.9	10	31.0
Multiple Chronic Conditions (Percent of adults aged 65+)	27.8	12	20.9
Cognition (Percent of adults aged 65+)	11.4	44	6.6
Depression (Percent of adults aged 65+)	16.4	45	8.3
Suicide (Deaths per 100,000 adults aged 65+)	21.8	44	6.4

SENIOR POPULATION GROWTH	STATE	US
Projected Increase 2015–2030	61.6	52.7

Overall Rank: 38

Determinants Rank: 36
Outcomes Rank: 35

Strengths:

- Low prevalence of obesity
- Ready availability of home health care workers
- Low percentage of hospital readmissions

Challenges:

- High percentage of seniors in poverty
- Low percentage of dedicated health care professionals
- High prevalence of falls

Ranking: New Mexico is 38th in this Senior Report. In the 2013 Edition, it ranked 38th.

Highlights:

- New Mexico ranks in the top 5 for obesity; more than 60,000 seniors are obese in the state.
- In the past year, the prevalence of underweight seniors declined by 45 percent, from 3.1 percent to 1.7 percent of adults aged 65 and older.
- New Mexico has one of the highest percentages of seniors living in poverty.
- Although New Mexico ranks in the bottom 10 states for food insecurity, the percentage of adults aged 60 and older who are marginally food insecure declined from 21.2 percent to 18.1 percent in the past year.
- In the past year, the percentage of seniors receiving recommended health screenings dropped by 11 percent.

Disparities: In New Mexico, 57.2 percent of seniors with a college education report their health is very good or excellent compared to only 11.3 percent with less than a high school education.

State Health Department Website:
www.health.state.nm.us

For a more detailed look at this data, visit **www.americashealthrankings.org**/senior/NM

NEW YORK

SENIOR HEALTH

		2014 VALUE	2014 RANK	NO 1 STATE
DETERMINANTS	BEHAVIORS			
	Smoking (Percent of adults aged 65+)	8.1	14	4.7
	Chronic Drinking (Percent of adults aged 65+)	3.7	24	1.7
	Obesity (Percent of adults aged 65+)	25.7	17	14.1
	Underweight (Percent of adults aged 65+)	2.3	47	0.8
	Physical Inactivity (Percent of adults aged 65+)	29.9	28	21.1
	Dental Visits (Percent of adults aged 65+)	66.7	22	77.2
	Pain Management (Percent of adults aged 65+)	50.1	36	60.7
	BEHAVIORS TOTAL	-0.056	33	
	COMMUNITY & ENVIRONMENT			
	Poverty (Percent of adults aged 65+)	11.4	46	5.4
	Volunteerism (Percent of adults aged 65+)	18.1	47	39.8
	Nursing Home Quality (Percent of 4 & 5 star beds)	49.0	24	67.3
	C&E — MACRO PERSPECTIVE TOTAL	-0.071	43	
	Social Support (Percent of adults aged 65+)	75.5	48	85.4
	Food Insecurity (Percent of adults aged 60+)	14.8	31	8.4
	Community Support (Dollars per adult aged 65+ in poverty)	$1,347	10	$8,033
	C&E — MICRO PERSPECTIVE TOTAL	-0.041	40	
	COMMUNITY & ENVIRONMENT TOTAL	-0.112	44	
	POLICY			
	Low-Care Nursing Home Residents (Percent of residents)	8.9	15	1.1
	Prescription Drug Coverage (Percent of adults aged 65+)	87.5	14	89.6
	Geriatrician Shortfall (Percent of needed geriatricians)	35.1	4	13.1
	POLICY TOTAL	0.124	3	
	CLINICAL CARE			
	Dedicated Health Care Provider (Percent of adults aged 65+)	95.9	11	97.5
	Recommended Hospital Care (Percent of hospitalized patients aged 65+)	97.5	46	99.1
	Flu Vaccine (Percent of adults aged 65+)	55.1	41	70.1
	Health Screenings (Percent of adults aged 65–74)	87.9	13	92.4
	Diabetes Management (Percent of Medicare beneficiaries)	84.8	2	86.1
	Home Health Care (Number of workers per 1,000 adults aged 75+)	196.9	3	299.6
	Preventable Hospitalizations (Discharges per 1,000 Medicare beneficiaries)	64.8	31	27.4
	Hospital Readmissions (Percent of hospitalized patients aged 65+)	16.7	44	12.3
	Hospice Care (Percent of decedents aged 65+)	28.9	48	63.0
	Hospital Deaths (Percent of decedents aged 65+)	35.1	50	16.4
	CLINICAL CARE TOTAL	-0.052	42	
	ALL DETERMINANTS	-0.096	34	
OUTCOMES				
	ICU Usage (Percent of decedents aged 65+)	12.8	28	5.1
	Falls (Percent of adults aged 65+)	28.8	28	14.5
	Hip Fractures (Rate per 1,000 Medicare beneficiaries)	6.4	5	3.0
	Health Status (Percent very good or excellent of adults aged 65+)	37.6	33	49.3
	Able-Bodied (Percent of adults aged 65+)	66.1	13	68.2
	Premature Death (Deaths per 100,000 population aged 65–74)	1680	10	1425
	Teeth Extractions (Percent of adults aged 65+)	15.1	18	7.0
	Mental Health Days (Days in previous 30 days)	3.2	49	1.5
	ALL OUTCOMES	0.009	29	
	OVERALL	-0.087	32	

SUPPLEMENTAL MEASURES

	2014 VALUE	2014 RANK	NO 1 STATE
Education (Percent of adults aged 65+)	23.6	17	31.0
Multiple Chronic Conditions (Percent of adults aged 65+)	40.0	47	20.9
Cognition (Percent of adults aged 65+)	8.8	27	6.6
Depression (Percent of adults aged 65+)	14.7	32	8.3
Suicide (Deaths per 100,000 adults aged 65+)	8.9	4	6.4

SENIOR POPULATION GROWTH	STATE	US
Projected Increase 2015–2030	33.1	52.7

Overall Rank: 32

Determinants Rank: 34
Outcomes Rank: 29

Strengths:

- Low geriatrician shortfall
- Ready availability of home health care providers
- High percentage of diabetes management

Challenges:

- High prevalence of underweight seniors
- Highest percentage of hospital deaths
- Many poor mental health days

Ranking: New York is 32nd in this Senior Report. In the 2013 Edition, it ranked 25th.

Highlights:

- Seniors in New York have a ready availability of geriatricians, home health care workers, and a high percentage of dedicated health care providers.
- New York has one of the lowest rates of hospice use among seniors, although it increased by 21 percent in the past year.
- Flu vaccination coverage decreased in the past year, from 60.0 percent of adults aged 65 and older to 55.1 percent.
- In the past year, the percentage of quality nursing home beds increased by 12 percent.
- The number of poor mental health days among seniors increased in the past year, from 2.3 days in the past month to 3.2 days in the past month.

Disparities: In New York, 53.7 percent of seniors with a college education report their health is very good or excellent compared to only 18.2 percent of seniors with less than a high school education.

State Health Department Website:
www.health.state.ny.us

For a more detailed look at this data, visit **www.americashealthrankings.org**/senior/NY

NORTH CAROLINA

SENIOR HEALTH

		2014 VALUE	2014 RANK	NO 1 STATE
DETERMINANTS	**BEHAVIORS**			
	Smoking (Percent of adults aged 65+)	9.2	29	4.7
	Chronic Drinking (Percent of adults aged 65+)	3.4	22	1.7
	Obesity (Percent of adults aged 65+)	26.2	21	14.1
	Underweight (Percent of adults aged 65+)	1.7	29	0.8
	Physical Inactivity (Percent of adults aged 65+)	29.0	25	21.1
	Dental Visits (Percent of adults aged 65+)	63.8	28	77.2
	Pain Management (Percent of adults aged 65+)	50.4	33	60.7
	BEHAVIORS TOTAL	-0.035	30	
	COMMUNITY & ENVIRONMENT			
	Poverty (Percent of adults aged 65+)	9.9	35	5.4
	Volunteerism (Percent of adults aged 65+)	26.5	22	39.8
	Nursing Home Quality (Percent of 4 & 5 star beds)	44.3	34	67.3
	C&E — MACRO PERSPECTIVE TOTAL	-0.02	38	
	Social Support (Percent of adults aged 65+)	81.0	21	85.4
	Food Insecurity (Percent of adults aged 60+)	16.9	39	8.4
	Community Support (Dollars per adult aged 65+ in poverty)	$535	38	$8,033
	C&E — MICRO PERSPECTIVE TOTAL	-0.025	35	
	COMMUNITY & ENVIRONMENT TOTAL	-0.045	33	
	POLICY			
	Low-Care Nursing Home Residents (Percent of residents)	7.0	9	1.1
	Prescription Drug Coverage (Percent of adults aged 65+)	87.9	11	89.6
	Geriatrician Shortfall (Percent of needed geriatricians)	61.1	23	13.1
	POLICY TOTAL	0.072	8	
	CLINICAL CARE			
	Dedicated Health Care Provider (Percent of adults aged 65+)	94.5	32	97.5
	Recommended Hospital Care (Percent of hospitalized patients aged 65+)	98.3	18	99.1
	Flu Vaccine (Percent of adults aged 65+)	68.4	4	70.1
	Health Screenings (Percent of adults aged 65–74)	87.6	17	92.4
	Diabetes Management (Percent of Medicare beneficiaries)	82.7	12	86.1
	Home Health Care (Number of workers per 1,000 adults aged 75+)	104.7	18	299.6
	Preventable Hospitalizations (Discharges per 1,000 Medicare beneficiaries)	60.2	23	27.4
	Hospital Readmissions (Percent of hospitalized patients aged 65+)	15.3	18	12.3
	Hospice Care (Percent of decedents aged 65+)	48.4	20	63.0
	Hospital Deaths (Percent of decedents aged 65+)	25.6	32	16.4
	CLINICAL CARE TOTAL	0.056	11	
	ALL DETERMINANTS	0.048	22	
OUTCOMES				
	ICU Usage (Percent of decedents aged 65+)	13.1	29	5.1
	Falls (Percent of adults aged 65+)	27.3	20	14.5
	Hip Fractures (Rate per 1,000 Medicare beneficiaries)	8.3	38	3.0
	Health Status (Percent very good or excellent of adults aged 65+)	36.4	39	49.3
	Able-Bodied (Percent of adults aged 65+)	62.3	36	68.2
	Premature Death (Deaths per 100,000 population aged 65–74)	2058	37	1425
	Teeth Extractions (Percent of adults aged 65+)	21.0	40	7.0
	Mental Health Days (Days in previous 30 days)	2.3	23	1.5
	ALL OUTCOMES	-0.09	37	
	OVERALL	-0.042	29	

SUPPLEMENTAL MEASURES

	2014 VALUE	2014 RANK	NO 1 STATE
Education (Percent of adults aged 65+)	20.7	30	31.0
Multiple Chronic Conditions (Percent of adults aged 65+)	34.2	27	20.9
Cognition (Percent of adults aged 65+)	10.0	34	6.6
Depression (Percent of adults aged 65+)	14.4	27	8.3
Suicide (Deaths per 100,000 adults aged 65+)	14.6	20	6.4

SENIOR POPULATION GROWTH	STATE	US
Projected Increase 2015–2030	58.1	52.7

Overall Rank: 29

Determinants Rank: 22
Outcomes Rank: 37

Strengths:

- High flu vaccination coverage
- High prescription drug coverage
- Low percentage of low-care nursing home residents

Challenges:

- High prevalence of teeth extractions
- High prevalence of food insecurity
- High percentage of seniors living in poverty

Ranking: North Carolina is 29th in this Senior Report. In the 2013 Edition, it ranked 29th.

Highlights:

- Food insecurity, at 16.9 percent of adults aged 60 and older, remains a major challenge for North Carolina seniors.
- In the past year, use of hospice care increased from 34.3 percent to 48.4 percent of decedents aged 65 and older.
- Chronic drinking has increased by 55 percent in the past year, from 2.2 percent to 3.4 percent of adults aged 65 and older.
- Although North Carolina falls below the national average for percentage of quality nursing homes, the percentage increased 20 percent in the past year.
- The number of home health care workers in North Carolina decreased by 16.5 percent in the past year.

Disparities: In North Carolina, 58.4 percent of seniors with a college education report their health is very good or excellent compared to only 15.4 percent of seniors with less than a high school education.

State Health Department Website:
www.dhhs.state.nc.us

For a more detailed look at this data, visit **www.americashealthrankings.org**/senior/NC

NORTH DAKOTA

SENIOR HEALTH

		2014 VALUE	2014 RANK	NO 1 STATE
DETERMINANTS	**BEHAVIORS**			
	Smoking (Percent of adults aged 65+)	8.6	20	4.7
	Chronic Drinking (Percent of adults aged 65+)	2.5	9	1.7
	Obesity (Percent of adults aged 65+)	27.3	37	14.1
	Underweight (Percent of adults aged 65+)	2.0	43	0.8
	Physical Inactivity (Percent of adults aged 65+)	31.5	36	21.1
	Dental Visits (Percent of adults aged 65+)	62.1	36	77.2
	Pain Management (Percent of adults aged 65+)	50.0	37	60.7
	BEHAVIORS TOTAL	-0.065	40	
	COMMUNITY & ENVIRONMENT			
	Poverty (Percent of adults aged 65+)	10.9	42	5.4
	Volunteerism (Percent of adults aged 65+)	30.7	10	39.8
	Nursing Home Quality (Percent of 4 & 5 star beds)	57.5	8	67.3
	C&E — MACRO PERSPECTIVE TOTAL	0.041	20	
	Social Support (Percent of adults aged 65+)	79.8	29	85.4
	Food Insecurity (Percent of adults aged 60+)	9.3	3	8.4
	Community Support (Dollars per adult aged 65+ in poverty)	$1,228	12	$8,033
	C&E — MICRO PERSPECTIVE TOTAL	0.056	10	
	COMMUNITY & ENVIRONMENT TOTAL	0.097	17	
	POLICY			
	Low-Care Nursing Home Residents (Percent of residents)	15.1	37	1.1
	Prescription Drug Coverage (Percent of adults aged 65+)	88.6	3	89.6
	Geriatrician Shortfall (Percent of needed geriatricians)	47.6	11	13.1
	POLICY TOTAL	0.051	10	
	CLINICAL CARE			
	Dedicated Health Care Provider (Percent of adults aged 65+)	93.5	39	97.5
	Recommended Hospital Care (Percent of hospitalized patients aged 65+)	98.0	33	99.1
	Flu Vaccine (Percent of adults aged 65+)	59.7	29	70.1
	Health Screenings (Percent of adults aged 65–74)	84.2	36	92.4
	Diabetes Management (Percent of Medicare beneficiaries)	79.7	29	86.1
	Home Health Care (Number of workers per 1,000 adults aged 75+)	81.9	28	299.6
	Preventable Hospitalizations (Discharges per 1,000 Medicare beneficiaries)	59.2	20	27.4
	Hospital Readmissions (Percent of hospitalized patients aged 65+)	15.2	16	12.3
	Hospice Care (Percent of decedents aged 65+)	31.0	46	63.0
	Hospital Deaths (Percent of decedents aged 65+)	22.2	16	16.4
	CLINICAL CARE TOTAL	-0.03	38	
	ALL DETERMINANTS	0.052	21	
OUTCOMES				
	ICU Usage (Percent of decedents aged 65+)	5.2	2	5.1
	Falls (Percent of adults aged 65+)	28.4	25	14.5
	Hip Fractures (Rate per 1,000 Medicare beneficiaries)	6.1	2	3.0
	Health Status (Percent very good or excellent of adults aged 65+)	36.6	37	49.3
	Able-Bodied (Percent of adults aged 65+)	65.3	19	68.2
	Premature Death (Deaths per 100,000 population aged 65–74)	1767	16	1425
	Teeth Extractions (Percent of adults aged 65+)	17.1	28	7.0
	Mental Health Days (Days in previous 30 days)	1.6	2	1.5
	ALL OUTCOMES	0.158	9	
	OVERALL	0.21	18	

SUPPLEMENTAL MEASURES

	2014 VALUE	2014 RANK	NO 1 STATE
Education (Percent of adults aged 65+)	15.6	48	31.0
Multiple Chronic Conditions (Percent of adults aged 65+)	28.7	13	20.9
Cognition (Percent of adults aged 65+)	6.7	2	6.6
Depression (Percent of adults aged 65+)	11.7	9	8.3
Suicide (Deaths per 100,000 adults aged 65+)	9.0	6	6.4

SENIOR POPULATION GROWTH	STATE	US
Projected Increase 2015–2030	41.2	52.7

Overall Rank: 18

Determinants Rank: 21
Outcomes Rank: 9

Strengths:

- Low prevalence of food insecurity
- Few poor mental health days per month
- Low prevalence of chronic drinking

Challenges:

- High percentage of seniors living in poverty
- Low use of hospice care
- High prevalence of underweight seniors

Ranking: North Dakota is 18th in this Senior Report. In the 2013 Edition, it ranked 14th.

Highlights:

- In North Dakota, 32,000 seniors are physically inactive, and 27,000 seniors are obese.
- The prevalence of chronic drinking among seniors remains low in North Dakota.
- Although North Dakota ranks in the top 5 states for food insecurity, it increased by 69 percent in the past year, from 5.5 percent to 9.3 percent of adults aged 60 and older.
- Use of hospice care among seniors increased by 30 percent in the past year; however, North Dakota still has one of the lowest hospice utilization rates in the nation.
- More than 10 percent of seniors in North Dakota live in poverty.

Disparities: In North Dakota, 56.4 percent of seniors with at least a college education report their health is very good or excellent compared to only 20.3 percent of seniors with less than a high school education.

State Health Department Website:
www.ndhealth.gov

For a more detailed look at this data, visit **www.americashealthrankings.org**/senior/ND

OHIO

SENIOR HEALTH

		2014 VALUE	2014 RANK	NO 1 STATE
DETERMINANTS	**BEHAVIORS**			
	Smoking (Percent of adults aged 65+)	10.2	40	4.7
	Chronic Drinking (Percent of adults aged 65+)	3.2	16	1.7
	Obesity (Percent of adults aged 65+)	28.8	42	14.1
	Underweight (Percent of adults aged 65+)	1.3	9	0.8
	Physical Inactivity (Percent of adults aged 65+)	33.8	46	21.1
	Dental Visits (Percent of adults aged 65+)	63.6	29	77.2
	Pain Management (Percent of adults aged 65+)	56.2	7	60.7
	BEHAVIORS TOTAL	-0.043	31	
	COMMUNITY & ENVIRONMENT			
	Poverty (Percent of adults aged 65+)	7.9	19	5.4
	Volunteerism (Percent of adults aged 65+)	24.4	29	39.8
	Nursing Home Quality (Percent of 4 & 5 star beds)	41.4	41	67.3
	C&E — MACRO PERSPECTIVE TOTAL	-0.007	33	
	Social Support (Percent of adults aged 65+)	77.9	43	85.4
	Food Insecurity (Percent of adults aged 60+)	13.8	24	8.4
	Community Support (Dollars per adult aged 65+ in poverty)	$835	22	$8,033
	C&E — MICRO PERSPECTIVE TOTAL	-0.019	34	
	COMMUNITY & ENVIRONMENT TOTAL	-0.025	31	
	POLICY			
	Low-Care Nursing Home Residents (Percent of residents)	9.2	16	1.1
	Prescription Drug Coverage (Percent of adults aged 65+)	88.4	5	89.6
	Geriatrician Shortfall (Percent of needed geriatricians)	65.5	26	13.1
	POLICY TOTAL	0.048	12	
	CLINICAL CARE			
	Dedicated Health Care Provider (Percent of adults aged 65+)	95.1	25	97.5
	Recommended Hospital Care (Percent of hospitalized patients aged 65+)	98.4	16	99.1
	Flu Vaccine (Percent of adults aged 65+)	61.0	23	70.1
	Health Screenings (Percent of adults aged 65–74)	85.7	30	92.4
	Diabetes Management (Percent of Medicare beneficiaries)	79.2	32	86.1
	Home Health Care (Number of workers per 1,000 adults aged 75+)	111.1	13	299.6
	Preventable Hospitalizations (Discharges per 1,000 Medicare beneficiaries)	78.5	45	27.4
	Hospital Readmissions (Percent of hospitalized patients aged 65+)	16.3	38	12.3
	Hospice Care (Percent of decedents aged 65+)	54.2	9	63.0
	Hospital Deaths (Percent of decedents aged 65+)	20.5	5	16.4
	CLINICAL CARE TOTAL	0.021	20	
	ALL DETERMINANTS	0	27	
OUTCOMES				
	ICU Usage (Percent of decedents aged 65+)	15.8	39	5.1
	Falls (Percent of adults aged 65+)	26.7	17	14.5
	Hip Fractures (Rate per 1,000 Medicare beneficiaries)	7.2	23	3.0
	Health Status (Percent very good or excellent of adults aged 65+)	36.6	37	49.3
	Able-Bodied (Percent of adults aged 65+)	64.0	26	68.2
	Premature Death (Deaths per 100,000 population aged 65–74)	2090	39	1425
	Teeth Extractions (Percent of adults aged 65+)	20.3	39	7.0
	Mental Health Days (Days in previous 30 days)	2.5	35	1.5
	ALL OUTCOMES	-0.07	36	
	OVERALL	-0.069	31	

SUPPLEMENTAL MEASURES

	2014 VALUE	2014 RANK	NO 1 STATE
Education (Percent of adults aged 65+)	17.4	41	31.0
Multiple Chronic Conditions (Percent of adults aged 65+)	38.8	44	20.9
Cognition (Percent of adults aged 65+)	8.5	24	6.6
Depression (Percent of adults aged 65+)	12.7	17	8.3
Suicide (Deaths per 100,000 adults aged 65+)	11.8	11	6.4

SENIOR POPULATION GROWTH	STATE	US
Projected Increase 2015–2030	33.4	52.7

Overall Rank: 31

Determinants Rank: 27
Outcomes Rank: 36

Strengths:

- Low percentage of hospital deaths
- High prescription drug coverage
- Low prevalence of activity-limiting arthritis pain

Challenges:

- High prevalence of physical inactivity
- Low percentage of quality nursing home beds
- High percentage of preventable hospitalizations

Ranking: Ohio is 31st in this Senior Report. In the 2013 Edition, it ranked 31st.

Highlights:

- The prevalence of smoking among seniors remains high in Ohio; 168,000 seniors smoke in the state.
- In the past year, use of hospice care increased by 31 percent, from 41.4 percent to 54.2 percent of decedents aged 65 and older.
- The prevalence of physical inactivity among seniors is high; more than 550,000 seniors are physically inactive and nearly 475,000 seniors are obese.
- In the past year, the percentage of hospital deaths among seniors decreased from 25.9 percent to 20.5 percent, moving Ohio into the top 5 states for this measure.
- Food insecurity among seniors decreased marginally in the past year, from 15.8 percent to 13.8 percent of adults aged 60 and older.

Disparities: In Ohio, 61.7 percent of seniors with an income greater than $75,000 report their health is very good or excellent compared to only 25.7 percent of seniors with an income less than $25,000.

State Health Department Website:
www.odh.ohio.gov

For a more detailed look at this data, visit **www.americashealthrankings.org**/senior/OH

OKLAHOMA

SENIOR HEALTH

DETERMINANTS	2014 VALUE	2014 RANK	NO 1 STATE
BEHAVIORS			
Smoking (Percent of adults aged 65+)	10.6	43	4.7
Chronic Drinking (Percent of adults aged 65+)	1.9	2	1.7
Obesity (Percent of adults aged 65+)	26.8	28	14.1
Underweight (Percent of adults aged 65+)	1.8	39	0.8
Physical Inactivity (Percent of adults aged 65+)	36.7	49	21.1
Dental Visits (Percent of adults aged 65+)	56.5	45	77.2
Pain Management (Percent of adults aged 65+)	48.9	41	60.7
BEHAVIORS TOTAL	-0.149	44	
COMMUNITY & ENVIRONMENT			
Poverty (Percent of adults aged 65+)	9.5	34	5.4
Volunteerism (Percent of adults aged 65+)	22.8	33	39.8
Nursing Home Quality (Percent of 4 & 5 star beds)	39.5	45	67.3
C&E — MACRO PERSPECTIVE TOTAL	-0.052	41	
Social Support (Percent of adults aged 65+)	81.3	16	85.4
Food Insecurity (Percent of adults aged 60+)	14.2	27	8.4
Community Support (Dollars per adult aged 65+ in poverty)	$558	36	$8,033
C&E — MICRO PERSPECTIVE TOTAL	0.006	28	
COMMUNITY & ENVIRONMENT TOTAL	-0.046	34	
POLICY			
Low-Care Nursing Home Residents (Percent of residents)	25.0	49	1.1
Prescription Drug Coverage (Percent of adults aged 65+)	84.2	41	89.6
Geriatrician Shortfall (Percent of needed geriatricians)	84.8	47	13.1
POLICY TOTAL	-0.226	50	
CLINICAL CARE			
Dedicated Health Care Provider (Percent of adults aged 65+)	95.7	12	97.5
Recommended Hospital Care (Percent of hospitalized patients aged 65+)	97.4	47	99.1
Flu Vaccine (Percent of adults aged 65+)	67.8	5	70.1
Health Screenings (Percent of adults aged 65–74)	81.7	46	92.4
Diabetes Management (Percent of Medicare beneficiaries)	72.6	46	86.1
Home Health Care (Number of workers per 1,000 adults aged 75+)	85.0	25	299.6
Preventable Hospitalizations (Discharges per 1,000 Medicare beneficiaries)	76.9	43	27.4
Hospital Readmissions (Percent of hospitalized patients aged 65+)	16.1	36	12.3
Hospice Care (Percent of decedents aged 65+)	50.9	14	63.0
Hospital Deaths (Percent of decedents aged 65+)	26.9	36	16.4
CLINICAL CARE TOTAL	-0.062	45	
ALL DETERMINANTS	-0.484	48	
OUTCOMES			
ICU Usage (Percent of decedents aged 65+)	10.7	19	5.1
Falls (Percent of adults aged 65+)	32.7	47	14.5
Hip Fractures (Rate per 1,000 Medicare beneficiaries)	9.2	50	3.0
Health Status (Percent very good or excellent of adults aged 65+)	35.4	42	49.3
Able-Bodied (Percent of adults aged 65+)	58.0	44	68.2
Premature Death (Deaths per 100,000 population aged 65–74)	2344	45	1425
Teeth Extractions (Percent of adults aged 65+)	21.0	40	7.0
Mental Health Days (Days in previous 30 days)	2.5	35	1.5
ALL OUTCOMES	-0.235	44	
OVERALL	-0.718	47	

SUPPLEMENTAL MEASURES

	2014 VALUE	2014 RANK	NO 1 STATE
Education (Percent of adults aged 65+)	19.1	35	31.0
Multiple Chronic Conditions (Percent of adults aged 65+)	35.5	30	20.9
Cognition (Percent of adults aged 65+)	10.0	34	6.6
Depression (Percent of adults aged 65+)	16.9	47	8.3
Suicide (Deaths per 100,000 adults aged 65+)	15.8	27	6.4

SENIOR POPULATION GROWTH	STATE	US
Projected Increase 2015–2030	36.8	52.7

Overall Rank: 47

Determinants Rank: 48
Outcomes Rank: 44

Strengths:

- Low prevalence of chronic drinking
- High percentage of dedicated health care providers
- High flu vaccination coverage

Challenges:

- High prevalence of physical inactivity
- Low percentage of recommended hospital care
- Highest prevalence of hip fractures

Ranking: Oklahoma is 47th in this Senior Report. In the 2013 Edition, it ranked 49th.

Highlights:

- Oklahoma has one of the highest rates of physical inactivity among seniors in the country; 36.7 percent, or 189,000 seniors in Oklahoma are physically inactive.
- The prevalence of underweight seniors decreased by 42 percent in the past year, from 3.1 percent to 1.8 percent of adults aged 65 and older.
- In the past year, senior flu vaccination coverage increased by 8.7 percent.
- Geriatrician shortfall remains very high in Oklahoma, with a slight increase in the shortfall in the past year.
- In the past year, the percentage of seniors who received recommended health screenings increased by 5 percent, from 77.9 percent to 81.7 percent of adults aged 65 and older.

Disparities: In Oklahoma, 57.7 percent of seniors with an income greater than $75,000 report their health is very good or excellent compared to only 23.8 percent of seniors with an income less than $25,000.

State Health Department Website:
www.ok.gov/health

For a more detailed look at this data, visit **www.americashealthrankings.org**/senior/OK

OREGON

SENIOR HEALTH

		2014 VALUE	2014 RANK	NO 1 STATE
DETERMINANTS	**BEHAVIORS**			
	Smoking (Percent of adults aged 65+)	8.6	20	4.7
	Chronic Drinking (Percent of adults aged 65+)	5.7	49	1.7
	Obesity (Percent of adults aged 65+)	25.4	12	14.1
	Underweight (Percent of adults aged 65+)	1.7	29	0.8
	Physical Inactivity (Percent of adults aged 65+)	21.1	1	21.1
	Dental Visits (Percent of adults aged 65+)	68.0	20	77.2
	Pain Management (Percent of adults aged 65+)	50.5	31	60.7
	BEHAVIORS TOTAL	0.009	22	
	COMMUNITY & ENVIRONMENT			
	Poverty (Percent of adults aged 65+)	7.7	15	5.4
	Volunteerism (Percent of adults aged 65+)	29.3	14	39.8
	Nursing Home Quality (Percent of 4 & 5 star beds)	55.4	13	67.3
	C&E — MACRO PERSPECTIVE TOTAL	0.082	11	
	Social Support (Percent of adults aged 65+)	85.4	1	85.4
	Food Insecurity (Percent of adults aged 60+)	14.8	31	8.4
	Community Support (Dollars per adult aged 65+ in poverty)	$574	33	$8,033
	C&E — MICRO PERSPECTIVE TOTAL	0.043	16	
	COMMUNITY & ENVIRONMENT TOTAL	0.126	15	
	POLICY			
	Low-Care Nursing Home Residents (Percent of residents)	6.5	8	1.1
	Prescription Drug Coverage (Percent of adults aged 65+)	85.7	34	89.6
	Geriatrician Shortfall (Percent of needed geriatricians)	66.4	27	13.1
	POLICY TOTAL	0.015	17	
	CLINICAL CARE			
	Dedicated Health Care Provider (Percent of adults aged 65+)	95.3	22	97.5
	Recommended Hospital Care (Percent of hospitalized patients aged 65+)	98.1	28	99.1
	Flu Vaccine (Percent of adults aged 65+)	53.9	43	70.1
	Health Screenings (Percent of adults aged 65–74)	87.7	15	92.4
	Diabetes Management (Percent of Medicare beneficiaries)	80.8	21	86.1
	Home Health Care (Number of workers per 1,000 adults aged 75+)	79.8	31	299.6
	Preventable Hospitalizations (Discharges per 1,000 Medicare beneficiaries)	42.2	4	27.4
	Hospital Readmissions (Percent of hospitalized patients aged 65+)	14.1	4	12.3
	Hospice Care (Percent of decedents aged 65+)	53.4	12	63.0
	Hospital Deaths (Percent of decedents aged 65+)	21.5	13	16.4
	CLINICAL CARE TOTAL	0.062	10	
	ALL DETERMINANTS	0.211	11	
OUTCOMES				
	ICU Usage (Percent of decedents aged 65+)	5.8	3	5.1
	Falls (Percent of adults aged 65+)	18.4	3	14.5
	Hip Fractures (Rate per 1,000 Medicare beneficiaries)	6.9	16	3.0
	Health Status (Percent very good or excellent of adults aged 65+)	45.8	5	49.3
	Able-Bodied (Percent of adults aged 65+)	62.4	35	68.2
	Premature Death (Deaths per 100,000 population aged 65–74)	1772	18	1425
	Teeth Extractions (Percent of adults aged 65+)	15.0	17	7.0
	Mental Health Days (Days in previous 30 days)	2.4	27	1.5
	ALL OUTCOMES	0.187	8	
	OVERALL	0.398	8	

SUPPLEMENTAL MEASURES

	2014 VALUE	2014 RANK	NO 1 STATE
Education (Percent of adults aged 65+)	25.5	13	31.0
Multiple Chronic Conditions (Percent of adults aged 65+)	25.2	6	20.9
Cognition (Percent of adults aged 65+)	10.3	38	6.6
Depression (Percent of adults aged 65+)	16.6	46	8.3
Suicide (Deaths per 100,000 adults aged 65+)	20.7	43	6.4

SENIOR POPULATION GROWTH	STATE	US
Projected Increase 2015–2030	49.3	52.7

Overall Rank: 8

Determinants Rank: 11
Outcomes Rank: 8

Strengths:
- Lowest prevalence of physical inactivity
- Highest percentage of social support
- Low prevalence of falls

Challenges:
- High prevalence of chronic drinking
- Low flu vaccination coverage
- High prevalence of depression

Ranking: Oregon is 8th in this Senior Report. In the 2013 Edition, it ranked 13th.

Highlights:
- Oregon has the lowest rate of physical inactivity among seniors in the country this year, after ranking 3rd in physical inactivity last year.
- Food insecurity among seniors increased in the past year from 12.5 percent to 14.8 percent of adults aged 60 and older.
- In the past year, nursing home quality improved by 17 percent, from 47.3 percent to 55.4 percent of beds rated 4 or 5 stars.
- The prevalence of chronic drinking increased from 5.0 percent of adults aged 65 and older to 5.7 percent, moving the rank for this measure from 39th to 49th.
- In the past year, the percentage of seniors receiving recommended hospital care improved from 97.1 percent to 98.1 percent.

Disparities: In Oregon, 11.7 percent of seniors with a college education are physically inactive compared to 48.8 percent of seniors with less than a high school education.

State Health Department Website:
http://public.health.oregon.gov/

For a more detailed look at this data, visit **www.americashealthrankings.org**/senior/OR

PENNSYLVANIA

SENIOR HEALTH

DETERMINANTS / OUTCOMES		2014 VALUE	2014 RANK	NO 1 STATE
DETERMINANTS	**BEHAVIORS**			
	Smoking (Percent of adults aged 65+)	8.3	16	4.7
	Chronic Drinking (Percent of adults aged 65+)	3.0	13	1.7
	Obesity (Percent of adults aged 65+)	29.3	45	14.1
	Underweight (Percent of adults aged 65+)	1.5	21	0.8
	Physical Inactivity (Percent of adults aged 65+)	33.4	45	21.1
	Dental Visits (Percent of adults aged 65+)	63.4	31	77.2
	Pain Management (Percent of adults aged 65+)	52.9	18	60.7
	BEHAVIORS TOTAL	-0.048	32	
	COMMUNITY & ENVIRONMENT			
	Poverty (Percent of adults aged 65+)	8.1	23	5.4
	Volunteerism (Percent of adults aged 65+)	25.4	25	39.8
	Nursing Home Quality (Percent of 4 & 5 star beds)	42.9	38	67.3
	C&E — MACRO PERSPECTIVE TOTAL	0.001	28	
	Social Support (Percent of adults aged 65+)	79.4	31	85.4
	Food Insecurity (Percent of adults aged 60+)	15.3	33	8.4
	Community Support (Dollars per adult aged 65+ in poverty)	$2,015	6	$8,033
	C&E — MICRO PERSPECTIVE TOTAL	0.012	26	
	COMMUNITY & ENVIRONMENT TOTAL	0.014	26	
	POLICY			
	Low-Care Nursing Home Residents (Percent of residents)	6.0	5	1.1
	Prescription Drug Coverage (Percent of adults aged 65+)	87.4	15	89.6
	Geriatrician Shortfall (Percent of needed geriatricians)	39.9	6	13.1
	POLICY TOTAL	0.135	2	
	CLINICAL CARE			
	Dedicated Health Care Provider (Percent of adults aged 65+)	96.6	6	97.5
	Recommended Hospital Care (Percent of hospitalized patients aged 65+)	98.5	10	99.1
	Flu Vaccine (Percent of adults aged 65+)	60.2	24	70.1
	Health Screenings (Percent of adults aged 65–74)	87.7	15	92.4
	Diabetes Management (Percent of Medicare beneficiaries)	80.5	25	86.1
	Home Health Care (Number of workers per 1,000 adults aged 75+)	105.5	17	299.6
	Preventable Hospitalizations (Discharges per 1,000 Medicare beneficiaries)	69.7	35	27.4
	Hospital Readmissions (Percent of hospitalized patients aged 65+)	15.8	29	12.3
	Hospice Care (Percent of decedents aged 65+)	47.8	21	63.0
	Hospital Deaths (Percent of decedents aged 65+)	23.3	23	16.4
	CLINICAL CARE TOTAL	0.037	13	
	ALL DETERMINANTS	0.136	16	
OUTCOMES				
	ICU Usage (Percent of decedents aged 65+)	16.7	44	5.1
	Falls (Percent of adults aged 65+)	25.6	14	14.5
	Hip Fractures (Rate per 1,000 Medicare beneficiaries)	6.7	12	3.0
	Health Status (Percent very good or excellent of adults aged 65+)	39.6	29	49.3
	Able-Bodied (Percent of adults aged 65+)	64.7	23	68.2
	Premature Death (Deaths per 100,000 population aged 65–74)	1958	34	1425
	Teeth Extractions (Percent of adults aged 65+)	18.2	33	7.0
	Mental Health Days (Days in previous 30 days)	2.4	27	1.5
	ALL OUTCOMES	0.009	29	
	OVERALL	0.146	22	

SUPPLEMENTAL MEASURES

	2014 VALUE	2014 RANK	NO 1 STATE
Education (Percent of adults aged 65+)	17.7	39	31.0
Multiple Chronic Conditions (Percent of adults aged 65+)	39.0	45	20.9
Cognition (Percent of adults aged 65+)	8.4	21	6.6
Depression (Percent of adults aged 65+)	11.5	7	8.3
Suicide (Deaths per 100,000 adults aged 65+)	12.5	14	6.4

SENIOR POPULATION GROWTH	STATE	US
Projected Increase 2015–2030	34.5	52.7

Overall Rank: 22

Determinants Rank: 16
Outcomes Rank: 29

Strengths:

- Low geriatrician shortfall
- High percentage of dedicated health care providers
- Low percentage of low-care nursing home residents

Challenges:

- High prevalence of obesity
- High prevalence of physical inactivity
- High prevalence of multiple chronic conditions

Ranking: Pennsylvania is 22nd in this Senior Report. In the 2013 Edition, it ranked 17th.

Highlights:

- Physical inactivity increased from 32.4 percent of adults aged 65 and older to 33.4 percent, moving the state's rank for this measure from 27th to 45th.
- In the past year, use of hospice care increased by 35 percent, from 35.3 percent of decedents aged 65 and older to 47.8 percent.
- Pennsylvania has one of the highest rates of senior obesity in the nation; 29.3 percent, or 592,000 seniors are obese in the state.
- Nearly 40 percent, or around 790,000 of Pennsylvania's seniors, have multiple chronic conditions.
- In the past year, hospital deaths among seniors decreased by 19 percent, from 28.7 percent of decedents aged 65 and older to 23.3 percent.

Disparities: In Pennsylvania, 66.5 percent of seniors with an income greater than $75,000 report their health is very good or excellent compared to only 26.8 percent of seniors with an income less than $25,000.

State Health Department Website:
www.health.state.pa.us

For a more detailed look at this data, visit **www.americashealthrankings.org**/senior/PA

RHODE ISLAND

SENIOR HEALTH

		2014 VALUE	2014 RANK	NO 1 STATE
DETERMINANTS	**BEHAVIORS**			
	Smoking (Percent of adults aged 65+)	8.8	22	4.7
	Chronic Drinking (Percent of adults aged 65+)	4.8	41	1.7
	Obesity (Percent of adults aged 65+)	24.5	10	14.1
	Underweight (Percent of adults aged 65+)	1.4	13	0.8
	Physical Inactivity (Percent of adults aged 65+)	31.5	36	21.1
	Dental Visits (Percent of adults aged 65+)	72.3	8	77.2
	Pain Management (Percent of adults aged 65+)	50.9	29	60.7
	BEHAVIORS TOTAL	-0.007	23	
	COMMUNITY & ENVIRONMENT			
	Poverty (Percent of adults aged 65+)	9.3	32	5.4
	Volunteerism (Percent of adults aged 65+)	19.2	44	39.8
	Nursing Home Quality (Percent of 4 & 5 star beds)	54.3	15	67.3
	C&E — MACRO PERSPECTIVE TOTAL	-0.005	31	
	Social Support (Percent of adults aged 65+)	74.8	49	85.4
	Food Insecurity (Percent of adults aged 60+)	16.8	38	8.4
	Community Support (Dollars per adult aged 65+ in poverty)	$448	44	$8,033
	C&E — MICRO PERSPECTIVE TOTAL	-0.091	49	
	COMMUNITY & ENVIRONMENT TOTAL	-0.096	42	
	POLICY			
	Low-Care Nursing Home Residents (Percent of residents)	18.0	44	1.1
	Prescription Drug Coverage (Percent of adults aged 65+)	88.2	9	89.6
	Geriatrician Shortfall (Percent of needed geriatricians)	49.2	13	13.1
	POLICY TOTAL	0.011	18	
	CLINICAL CARE			
	Dedicated Health Care Provider (Percent of adults aged 65+)	97.5	1	97.5
	Recommended Hospital Care (Percent of hospitalized patients aged 65+)	97.6	45	99.1
	Flu Vaccine (Percent of adults aged 65+)	57.6	35	70.1
	Health Screenings (Percent of adults aged 65–74)	92.4	1	92.4
	Diabetes Management (Percent of Medicare beneficiaries)	82.7	12	86.1
	Home Health Care (Number of workers per 1,000 adults aged 75+)	97.8	19	299.6
	Preventable Hospitalizations (Discharges per 1,000 Medicare beneficiaries)	70.3	37	27.4
	Hospital Readmissions (Percent of hospitalized patients aged 65+)	16.9	49	12.3
	Hospice Care (Percent of decedents aged 65+)	54.3	8	63.0
	Hospital Deaths (Percent of decedents aged 65+)	25.6	32	16.4
	CLINICAL CARE TOTAL	0.015	21	
	ALL DETERMINANTS	-0.077	33	
OUTCOMES				
	ICU Usage (Percent of decedents aged 65+)	11.3	22	5.1
	Falls (Percent of adults aged 65+)	24.4	10	14.5
	Hip Fractures (Rate per 1,000 Medicare beneficiaries)	6.2	3	3.0
	Health Status (Percent very good or excellent of adults aged 65+)	45.5	7	49.3
	Able-Bodied (Percent of adults aged 65+)	65.0	21	68.2
	Premature Death (Deaths per 100,000 population aged 65–74)	1798	21	1425
	Teeth Extractions (Percent of adults aged 65+)	12.5	6	7.0
	Mental Health Days (Days in previous 30 days)	2.6	41	1.5
	ALL OUTCOMES	0.146	10	
	OVERALL	0.069	26	

SUPPLEMENTAL MEASURES

	2014 VALUE	2014 RANK	NO 1 STATE
Education (Percent of adults aged 65+)	22.3	23	31.0
Multiple Chronic Conditions (Percent of adults aged 65+)	36.7	36	20.9
Cognition (Percent of adults aged 65+)	8.1	16	6.6
Depression (Percent of adults aged 65+)	15.0	36	8.3
Suicide (Deaths per 100,000 adults aged 65+)	6.4	1	6.4

SENIOR POPULATION GROWTH	STATE	US
Projected Increase 2015–2030	40.7	52.7

Overall Rank: 26

Determinants Rank: 33
Outcomes Rank: 10

Strengths:

- Highest percentage of dedicated health care providers
- Highest percentage of health screenings
- Lowest prevalence of suicide

Challenges:

- Low percentage of social support
- Low percentage of recommended hospital care
- High percentage of hospital readmissions

Ranking: Rhode Island is 26th in this Senior Report. In the 2013 Edition, it ranked 30th.

Highlights:

- For the second consecutive year, a high percentage of seniors in Rhode Island have a dedicated health care provider.
- In the past year, the percentage of seniors who report their health is very good or excellent increased by 23 percent.
- The percentage of seniors using hospice care increased by 50 percent in the past year, moving the state into the top 10 for hospice care.
- Geriatrician shortfall remains low in Rhode Island, but increased slightly in the past year from 46.2 percent to 49.2 percent of geriatricians needed.
- In the past year, chronic drinking among seniors improved marginally, but remains a problem for seniors in Rhode Island.

Disparities: In Rhode Island, 15.4 percent of seniors with a college education are physically inactive compared to 51.5 percent of seniors with less than a high school education.

State Health Department Website:
www.health.state.ri.us

For a more detailed look at this data, visit **www.americashealthrankings.org**/senior/RI

SOUTH CAROLINA

SENIOR HEALTH

		2014 VALUE	2014 RANK	NO 1 STATE
DETERMINANTS	**BEHAVIORS**			
	Smoking (Percent of adults aged 65+)	10.1	38	4.7
	Chronic Drinking (Percent of adults aged 65+)	3.9	27	1.7
	Obesity (Percent of adults aged 65+)	27.2	35	14.1
	Underweight (Percent of adults aged 65+)	1.4	13	0.8
	Physical Inactivity (Percent of adults aged 65+)	27.8	17	21.1
	Dental Visits (Percent of adults aged 65+)	61.3	38	77.2
	Pain Management (Percent of adults aged 65+)	55.7	10	60.7
	BEHAVIORS TOTAL	-0.011	26	
	COMMUNITY & ENVIRONMENT			
	Poverty (Percent of adults aged 65+)	10.1	37	5.4
	Volunteerism (Percent of adults aged 65+)	23.0	32	39.8
	Nursing Home Quality (Percent of 4 & 5 star beds)	53.2	17	67.3
	C&E — MACRO PERSPECTIVE TOTAL	-0.004	30	
	Social Support (Percent of adults aged 65+)	76.9	46	85.4
	Food Insecurity (Percent of adults aged 60+)	17.4	41	8.4
	Community Support (Dollars per adult aged 65+ in poverty)	$409	45	$8,033
	C&E — MICRO PERSPECTIVE TOTAL	-0.076	46	
	COMMUNITY & ENVIRONMENT TOTAL	-0.08	39	
	POLICY			
	Low-Care Nursing Home Residents (Percent of residents)	5.7	4	1.1
	Prescription Drug Coverage (Percent of adults aged 65+)	87.0	20	89.6
	Geriatrician Shortfall (Percent of needed geriatricians)	66.8	29	13.1
	POLICY TOTAL	0.048	12	
	CLINICAL CARE			
	Dedicated Health Care Provider (Percent of adults aged 65+)	95.0	28	97.5
	Recommended Hospital Care (Percent of hospitalized patients aged 65+)	98.3	18	99.1
	Flu Vaccine (Percent of adults aged 65+)	60.1	25	70.1
	Health Screenings (Percent of adults aged 65–74)	86.0	28	92.4
	Diabetes Management (Percent of Medicare beneficiaries)	81.4	17	86.1
	Home Health Care (Number of workers per 1,000 adults aged 75+)	73.4	36	299.6
	Preventable Hospitalizations (Discharges per 1,000 Medicare beneficiaries)	59.4	21	27.4
	Hospital Readmissions (Percent of hospitalized patients aged 65+)	15.4	20	12.3
	Hospice Care (Percent of decedents aged 65+)	53.1	13	63.0
	Hospital Deaths (Percent of decedents aged 65+)	25.5	31	16.4
	CLINICAL CARE TOTAL	0.023	18	
	ALL DETERMINANTS	-0.02	29	
OUTCOMES				
	ICU Usage (Percent of decedents aged 65+)	16.0	41	5.1
	Falls (Percent of adults aged 65+)	27.2	18	14.5
	Hip Fractures (Rate per 1,000 Medicare beneficiaries)	8.3	38	3.0
	Health Status (Percent very good or excellent of adults aged 65+)	35.6	41	49.3
	Able-Bodied (Percent of adults aged 65+)	62.2	37	68.2
	Premature Death (Deaths per 100,000 population aged 65–74)	2121	40	1425
	Teeth Extractions (Percent of adults aged 65+)	19.5	37	7.0
	Mental Health Days (Days in previous 30 days)	2.4	27	1.5
	ALL OUTCOMES	-0.12	39	
	OVERALL	-0.14	34	

SUPPLEMENTAL MEASURES

	2014 VALUE	2014 RANK	NO 1 STATE
Education (Percent of adults aged 65+)	21.3	28	31.0
Multiple Chronic Conditions (Percent of adults aged 65+)	35.0	29	20.9
Cognition (Percent of adults aged 65+)	10.6	39	6.6
Depression (Percent of adults aged 65+)	14.6	31	8.3
Suicide (Deaths per 100,000 adults aged 65+)	15.4	24	6.4

SENIOR POPULATION GROWTH	STATE	US
Projected Increase 2015–2030	55.6	52.7

Overall Rank: 34

Determinants Rank: 29
Outcomes Rank: 39

Strengths:

- Low prevalence of activity-limiting arthritis pain
- High use of hospice care
- Low percentage of low-care nursing home residents

Challenges:

- High prevalence of food insecurity
- Low percentage of social support
- High ICU usage

Ranking: South Carolina is 34th in this Senior Report. In the 2013 Edition, it ranked 34th.

Highlights:

- Smoking is relatively high in South Carolina, with about 66,000 seniors who smoke.
- Food insecurity remains high among seniors; South Carolina's food insecurity rank remains in the bottom 10 for the second consecutive year.
- In the past year, flu vaccination coverage decreased from 65.2 percent of adults aged 65 and older to 60.1 percent, moving the flu vaccine rank from 12th to 25th.
- Use of hospice care increased significantly in the past year, from 35.6 percent to 53.1 percent of decedents aged 65 and older.
- In the past year, hospital deaths decreased from 35.3 percent to 25.5 percent of decedents aged 65 and older, improving South Carolina's hospital death rank from 46th to 31st.

Disparities: In South Carolina, 62.5 percent of seniors with an income greater than $75,000 report their health is very good or excellent compared to only 20.9 percent of seniors with an income less than $25,000.

State Health Department Website:
www.scdhec.net

For a more detailed look at this data, visit **www.americashealthrankings.org**/senior/SC

SOUTH DAKOTA

SENIOR HEALTH

		2014 VALUE	2014 RANK	NO 1 STATE
DETERMINANTS	**BEHAVIORS**			
	Smoking (Percent of adults aged 65+)	9.2	29	4.7
	Chronic Drinking (Percent of adults aged 65+)	3.6	23	1.7
	Obesity (Percent of adults aged 65+)	28.4	40	14.1
	Underweight (Percent of adults aged 65+)	0.8	1	0.8
	Physical Inactivity (Percent of adults aged 65+)	32.4	40	21.1
	Dental Visits (Percent of adults aged 65+)	64.0	27	77.2
	Pain Management (Percent of adults aged 65+)	52.1	25	60.7
	BEHAVIORS TOTAL	-0.021	27	
	COMMUNITY & ENVIRONMENT			
	Poverty (Percent of adults aged 65+)	11.0	43	5.4
	Volunteerism (Percent of adults aged 65+)	37.1	5	39.8
	Nursing Home Quality (Percent of 4 & 5 star beds)	43.2	37	67.3
	C&E — MACRO PERSPECTIVE TOTAL	0.013	26	
	Social Support (Percent of adults aged 65+)	81.3	16	85.4
	Food Insecurity (Percent of adults aged 60+)	11.7	14	8.4
	Community Support (Dollars per adult aged 65+ in poverty)	$1,063	15	$8,033
	C&E — MICRO PERSPECTIVE TOTAL	0.044	15	
	COMMUNITY & ENVIRONMENT TOTAL	0.057	23	
	POLICY			
	Low-Care Nursing Home Residents (Percent of residents)	16.7	41	1.1
	Prescription Drug Coverage (Percent of adults aged 65+)	88.6	3	89.6
	Geriatrician Shortfall (Percent of needed geriatricians)	74.0	40	13.1
	POLICY TOTAL	-0.044	36	
	CLINICAL CARE			
	Dedicated Health Care Provider (Percent of adults aged 65+)	90.3	47	97.5
	Recommended Hospital Care (Percent of hospitalized patients aged 65+)	97.2	49	99.1
	Flu Vaccine (Percent of adults aged 65+)	66.4	8	70.1
	Health Screenings (Percent of adults aged 65–74)	86.2	25	92.4
	Diabetes Management (Percent of Medicare beneficiaries)	74.6	43	86.1
	Home Health Care (Number of workers per 1,000 adults aged 75+)	39.7	48	299.6
	Preventable Hospitalizations (Discharges per 1,000 Medicare beneficiaries)	63.0	27	27.4
	Hospital Readmissions (Percent of hospitalized patients aged 65+)	14.8	9	12.3
	Hospice Care (Percent of decedents aged 65+)	36.0	44	63.0
	Hospital Deaths (Percent of decedents aged 65+)	21.3	12	16.4
	CLINICAL CARE TOTAL	-0.06	43	
	ALL DETERMINANTS	-0.068	30	
OUTCOMES				
	ICU Usage (Percent of decedents aged 65+)	6.9	8	5.1
	Falls (Percent of adults aged 65+)	27.9	23	14.5
	Hip Fractures (Rate per 1,000 Medicare beneficiaries)	7.1	20	3.0
	Health Status (Percent very good or excellent of adults aged 65+)	38.2	32	49.3
	Able-Bodied (Percent of adults aged 65+)	64.3	24	68.2
	Premature Death (Deaths per 100,000 population aged 65–74)	1768	17	1425
	Teeth Extractions (Percent of adults aged 65+)	19.4	36	7.0
	Mental Health Days (Days in previous 30 days)	1.5	1	1.5
	ALL OUTCOMES	0.111	18	
	OVERALL	0.043	27	

SUPPLEMENTAL MEASURES

	2014 VALUE	2014 RANK	NO 1 STATE
Education (Percent of adults aged 65+)	19.6	33	31.0
Multiple Chronic Conditions (Percent of adults aged 65+)	27.2	11	20.9
Cognition (Percent of adults aged 65+)	7.5	10	6.6
Depression (Percent of adults aged 65+)	12.4	15	8.3
Suicide (Deaths per 100,000 adults aged 65+)	12.4	13	6.4

SENIOR POPULATION GROWTH	STATE	US
Projected Increase 2015–2030	44.6	52.7

Overall Rank: 27

Determinants Rank: 30
Outcomes Rank: 18

Strengths:

- Lowest prevalence of underweight seniors
- High percentage of volunteerism
- Fewest poor mental health days

Challenges:

- Low percentage of recommended hospital care
- Limited availability of home health care workers
- High percentage of seniors in poverty

Ranking: South Dakota is 27th in this Senior Report. In the 2013 Edition, it ranked 22nd.

Highlights:

- More than 30,000 seniors are obese in South Dakota, and nearly 40,000 seniors are physically inactive.
- Seniors in South Dakota have the lowest number of poor mental health days in the country.
- In the past year, the percentage of nursing home beds rated 4 or 5 stars decreased from 48.5 percent to 43.2 percent.
- Volunteerism remains high among seniors; South Dakota ranks in the top 10 states for the second consecutive year.
- In the past year, use of hospice care among seniors increased by more than 50 percent, from 23.4 percent to 36.0 percent of adults aged 65 and older.

Disparities: In South Dakota, 64.4 percent of seniors with an income greater than $75,000 report their health is very good or excellent compared to only 23.6 percent of seniors with an income less than $25,000.

State Health Department Website:
http://doh.sd.gov

For a more detailed look at this data, visit **www.americashealthrankings.org**/senior/SD

TENNESSEE

SENIOR HEALTH

DETERMINANTS	2014 VALUE	2014 RANK	NO 1 STATE
BEHAVIORS			
Smoking (Percent of adults aged 65+)	12.5	49	4.7
Chronic Drinking (Percent of adults aged 65+)	2.1	5	1.7
Obesity (Percent of adults aged 65+)	26.3	24	14.1
Underweight (Percent of adults aged 65+)	1.3	9	0.8
Physical Inactivity (Percent of adults aged 65+)	32.2	39	21.1
Dental Visits (Percent of adults aged 65+)	59.8	42	77.2
Pain Management (Percent of adults aged 65+)	49.3	40	60.7
BEHAVIORS TOTAL	-0.091	42	
COMMUNITY & ENVIRONMENT			
Poverty (Percent of adults aged 65+)	10.2	39	5.4
Volunteerism (Percent of adults aged 65+)	20.9	39	39.8
Nursing Home Quality (Percent of 4 & 5 star beds)	41.2	42	67.3
C&E — MACRO PERSPECTIVE TOTAL	-0.068	42	
Social Support (Percent of adults aged 65+)	83.9	4	85.4
Food Insecurity (Percent of adults aged 60+)	17.9	43	8.4
Community Support (Dollars per adult aged 65+ in poverty)	$473	42	$8,033
C&E — MICRO PERSPECTIVE TOTAL	-0.006	32	
COMMUNITY & ENVIRONMENT TOTAL	-0.074	37	
POLICY			
Low-Care Nursing Home Residents (Percent of residents)	10.6	23	1.1
Prescription Drug Coverage (Percent of adults aged 65+)	87.8	12	89.6
Geriatrician Shortfall (Percent of needed geriatricians)	75.7	44	13.1
POLICY TOTAL	-0.008	22	
CLINICAL CARE			
Dedicated Health Care Provider (Percent of adults aged 65+)	95.6	14	97.5
Recommended Hospital Care (Percent of hospitalized patients aged 65+)	98.1	28	99.1
Flu Vaccine (Percent of adults aged 65+)	69.9	2	70.1
Health Screenings (Percent of adults aged 65–74)	85.3	31	92.4
Diabetes Management (Percent of Medicare beneficiaries)	82.1	15	86.1
Home Health Care (Number of workers per 1,000 adults aged 75+)	72.9	37	299.6
Preventable Hospitalizations (Discharges per 1,000 Medicare beneficiaries)	80.8	46	27.4
Hospital Readmissions (Percent of hospitalized patients aged 65+)	16.4	41	12.3
Hospice Care (Percent of decedents aged 65+)	42.4	38	63.0
Hospital Deaths (Percent of decedents aged 65+)	26.3	35	16.4
CLINICAL CARE TOTAL	-0.012	31	
ALL DETERMINANTS	-0.185	40	
OUTCOMES			
ICU Usage (Percent of decedents aged 65+)	15.4	37	5.1
Falls (Percent of adults aged 65+)	27.9	23	14.5
Hip Fractures (Rate per 1,000 Medicare beneficiaries)	8.8	47	3.0
Health Status (Percent very good or excellent of adults aged 65+)	32.3	45	49.3
Able-Bodied (Percent of adults aged 65+)	59.3	42	68.2
Premature Death (Deaths per 100,000 population aged 65–74)	2253	43	1425
Teeth Extractions (Percent of adults aged 65+)	24.8	45	7.0
Mental Health Days (Days in previous 30 days)	2.4	27	1.5
ALL OUTCOMES	-0.229	43	
OVERALL	-0.414	43	

SUPPLEMENTAL MEASURES

	2014 VALUE	2014 RANK	NO 1 STATE
Education (Percent of adults aged 65+)	17.1	43	31.0
Multiple Chronic Conditions (Percent of adults aged 65+)	36.7	36	20.9
Cognition (Percent of adults aged 65+)	11.7	46	6.6
Depression (Percent of adults aged 65+)	13.9	24	8.3
Suicide (Deaths per 100,000 adults aged 65+)	16.5	31	6.4

SENIOR POPULATION GROWTH	STATE	US
Projected Increase 2015–2030	46.3	52.7

Overall Rank: 43

Determinants Rank: 40
Outcomes Rank: 43

Strengths:

- Low prevalence of chronic drinking
- High percentage of social support
- High flu vaccination coverage

Challenges:

- High prevalence of smoking
- High geriatrician shortfall
- High percentage of preventable hospitalizations

Ranking: Tennessee is 43rd in this Senior Report. In the 2013 Edition, it ranked 42nd.

Highlights:

- Physical inactivity among seniors decreased by 22 percent in the past year, from 41.3 percent to 32.2 percent of adults aged 65 and older.
- Tennessee has the second highest rate of smoking in the country, at 12.5 percent or 110,000 seniors who smoke.
- In the past year, the percentage of quality nursing home beds improved from 34.3 percent to 41.2 percent of beds rated 4 or 5 stars.
- Food insecurity remains a challenge for seniors in Tennessee; for the second consecutive year the state ranked in the bottom 10 states for food insecurity.
- The percentage of hospital deaths among seniors decreased by 22 percent in the past year, improving Tennessee's rank from 45th to 35th.

Disparities: In Tennessee, 60.7 percent of seniors with an income greater than $75,000 report their health is very good or excellent compared to only 20.5 percent of seniors with an income less than $25,000.

State Health Department Website:
http://health.state.tn.us

For a more detailed look at this data, visit **www.americashealthrankings.org**/senior/TN

TEXAS

SENIOR HEALTH

		2014 VALUE	2014 RANK	NO 1 STATE
DETERMINANTS	**BEHAVIORS**			
	Smoking (Percent of adults aged 65+)	9.7	34	4.7
	Chronic Drinking (Percent of adults aged 65+)	3.2	16	1.7
	Obesity (Percent of adults aged 65+)	26.9	32	14.1
	Underweight (Percent of adults aged 65+)	1.6	25	0.8
	Physical Inactivity (Percent of adults aged 65+)	28.3	20	21.1
	Dental Visits (Percent of adults aged 65+)	61.2	39	77.2
	Pain Management (Percent of adults aged 65+)	48.8	42	60.7
	BEHAVIORS TOTAL	-0.062	37	
	COMMUNITY & ENVIRONMENT			
	Poverty (Percent of adults aged 65+)	11.3	45	5.4
	Volunteerism (Percent of adults aged 65+)	22.7	34	39.8
	Nursing Home Quality (Percent of 4 & 5 star beds)	32.9	49	67.3
	C&E — MACRO PERSPECTIVE TOTAL	-0.113	49	
	Social Support (Percent of adults aged 65+)	78.5	38	85.4
	Food Insecurity (Percent of adults aged 60+)	18.4	45	8.4
	Community Support (Dollars per adult aged 65+ in poverty)	$340	48	$8,033
	C&E — MICRO PERSPECTIVE TOTAL	-0.071	44	
	COMMUNITY & ENVIRONMENT TOTAL	-0.184	49	
	POLICY			
	Low-Care Nursing Home Residents (Percent of residents)	14.3	34	1.1
	Prescription Drug Coverage (Percent of adults aged 65+)	86.2	29	89.6
	Geriatrician Shortfall (Percent of needed geriatricians)	66.6	28	13.1
	POLICY TOTAL	-0.049	37	
	CLINICAL CARE			
	Dedicated Health Care Provider (Percent of adults aged 65+)	94.0	34	97.5
	Recommended Hospital Care (Percent of hospitalized patients aged 65+)	98.2	22	99.1
	Flu Vaccine (Percent of adults aged 65+)	59.4	31	70.1
	Health Screenings (Percent of adults aged 65–74)	85.0	33	92.4
	Diabetes Management (Percent of Medicare beneficiaries)	80.8	21	86.1
	Home Health Care (Number of workers per 1,000 adults aged 75+)	178.8	5	299.6
	Preventable Hospitalizations (Discharges per 1,000 Medicare beneficiaries)	67.9	34	27.4
	Hospital Readmissions (Percent of hospitalized patients aged 65+)	15.8	29	12.3
	Hospice Care (Percent of decedents aged 65+)	54.9	7	63.0
	Hospital Deaths (Percent of decedents aged 65+)	22.2	16	16.4
	CLINICAL CARE TOTAL	0.036	14	
	ALL DETERMINANTS	-0.258	43	
OUTCOMES				
	ICU Usage (Percent of decedents aged 65+)	18.7	45	5.1
	Falls (Percent of adults aged 65+)	30.2	34	14.5
	Hip Fractures (Rate per 1,000 Medicare beneficiaries)	8.4	42	3.0
	Health Status (Percent very good or excellent of adults aged 65+)	38.7	31	49.3
	Able-Bodied (Percent of adults aged 65+)	59.9	40	68.2
	Premature Death (Deaths per 100,000 population aged 65–74)	1930	32	1425
	Teeth Extractions (Percent of adults aged 65+)	13.4	11	7.0
	Mental Health Days (Days in previous 30 days)	2.5	35	1.5
	ALL OUTCOMES	-0.115	38	
	OVERALL	-0.373	41	

SUPPLEMENTAL MEASURES

	2014 VALUE	2014 RANK	NO 1 STATE
Education (Percent of adults aged 65+)	22.1	24	31.0
Multiple Chronic Conditions (Percent of adults aged 65+)	38.6	42	20.9
Cognition (Percent of adults aged 65+)	10.9	41	6.6
Depression (Percent of adults aged 65+)	14.4	27	8.3
Suicide (Deaths per 100,000 adults aged 65+)	15.3	23	6.4

SENIOR POPULATION GROWTH	STATE	US
Projected Increase 2015–2030	66.6	52.7

Overall Rank: 41

Determinants Rank: 43
Outcomes Rank: 38

Strengths:

- Ready availability of home health care workers
- High use of hospice care
- Low prevalence of teeth extractions

Challenges:

- High percentage of seniors living in poverty
- Low percentage of quality nursing home beds
- High prevalence of food insecurity

Ranking: Texas is 41st in this Senior Report. In the 2013 Edition, it ranked 40th.

Highlights:

- In the past year, smoking increased by 10 percent, worsening Texas' smoking rank from 17th to 34th.
- The prevalence of chronic drinking decreased from 4.0 percent of adults aged 65 and older to 3.2 percent, and the rank for the measure improved by 15.
- Texas ranks in the top 5 for home health care workers with 179 workers per 1,000 adults aged 75 and older.
- In the past year, use of hospice care among seniors increased by 24 percent and the percentage of seniors dying in hospitals decreased by 20 percent.
- For the second consecutive year, Texas has one of the highest rates of seniors living in poverty at 11.3 percent of adults aged 65 and older.

Disparities: In Texas, 59.1 percent of seniors with an income greater than $75,000 report their health is very good or excellent compared to only 23.4 percent of seniors with an income less than $25,000.

State Health Department Website:
www.dshs.state.tx.us

For a more detailed look at this data, visit **www.americashealthrankings.org**/senior/TX

UTAH

SENIOR HEALTH

		2014 VALUE	2014 RANK	NO 1 STATE
DETERMINANTS	**BEHAVIORS**			
	Smoking (Percent of adults aged 65+)	4.7	1	4.7
	Chronic Drinking (Percent of adults aged 65+)	2.4	8	1.7
	Obesity (Percent of adults aged 65+)	25.6	15	14.1
	Underweight (Percent of adults aged 65+)	1.6	25	0.8
	Physical Inactivity (Percent of adults aged 65+)	27.2	13	21.1
	Dental Visits (Percent of adults aged 65+)	71.1	11	77.2
	Pain Management (Percent of adults aged 65+)	48.4	44	60.7
	BEHAVIORS TOTAL	0.128	3	
	COMMUNITY & ENVIRONMENT			
	Poverty (Percent of adults aged 65+)	6.1	3	5.4
	Volunteerism (Percent of adults aged 65+)	38.6	3	39.8
	Nursing Home Quality (Percent of 4 & 5 star beds)	49.7	23	67.3
	C&E — MACRO PERSPECTIVE TOTAL	0.136	3	
	Social Support (Percent of adults aged 65+)	83.4	7	85.4
	Food Insecurity (Percent of adults aged 60+)	14.1	26	8.4
	Community Support (Dollars per adult aged 65+ in poverty)	$1,569	8	$8,033
	C&E — MICRO PERSPECTIVE TOTAL	0.055	12	
	COMMUNITY & ENVIRONMENT TOTAL	0.191	4	
	POLICY			
	Low-Care Nursing Home Residents (Percent of residents)	5.6	3	1.1
	Prescription Drug Coverage (Percent of adults aged 65+)	84.4	38	89.6
	Geriatrician Shortfall (Percent of needed geriatricians)	77.6	46	13.1
	POLICY TOTAL	-0.038	35	
	CLINICAL CARE			
	Dedicated Health Care Provider (Percent of adults aged 65+)	93.8	37	97.5
	Recommended Hospital Care (Percent of hospitalized patients aged 65+)	99.0	1	99.1
	Flu Vaccine (Percent of adults aged 65+)	56.0	39	70.1
	Health Screenings (Percent of adults aged 65–74)	83.7	40	92.4
	Diabetes Management (Percent of Medicare beneficiaries)	74.9	41	86.1
	Home Health Care (Number of workers per 1,000 adults aged 75+)	44.9	45	299.6
	Preventable Hospitalizations (Discharges per 1,000 Medicare beneficiaries)	37.2	2	27.4
	Hospital Readmissions (Percent of hospitalized patients aged 65+)	12.3	1	12.3
	Hospice Care (Percent of decedents aged 65+)	63.0	1	63.0
	Hospital Deaths (Percent of decedents aged 65+)	16.4	1	16.4
	CLINICAL CARE TOTAL	0.083	4	
	ALL DETERMINANTS	0.365	3	
OUTCOMES				
	ICU Usage (Percent of decedents aged 65+)	7.5	10	5.1
	Falls (Percent of adults aged 65+)	30.9	39	14.5
	Hip Fractures (Rate per 1,000 Medicare beneficiaries)	7.1	20	3.0
	Health Status (Percent very good or excellent of adults aged 65+)	42.7	20	49.3
	Able-Bodied (Percent of adults aged 65+)	65.7	16	68.2
	Premature Death (Deaths per 100,000 population aged 65–74)	1611	6	1425
	Teeth Extractions (Percent of adults aged 65+)	12.9	7	7.0
	Mental Health Days (Days in previous 30 days)	2.2	18	1.5
	ALL OUTCOMES	0.136	13	
	OVERALL	0.501	7	

SUPPLEMENTAL MEASURES

	2014 VALUE	2014 RANK	NO 1 STATE
Education (Percent of adults aged 65+)	27.4	5	31.0
Multiple Chronic Conditions (Percent of adults aged 65+)	26.0	9	20.9
Cognition (Percent of adults aged 65+)	8.0	14	6.6
Depression (Percent of adults aged 65+)	14.8	34	8.3
Suicide (Deaths per 100,000 adults aged 65+)	15.7	26	6.4

SENIOR POPULATION GROWTH	STATE	US
Projected Increase 2015–2030	63.9	52.7

Overall Rank: 7

Determinants Rank: 3
Outcomes Rank: 13

Strengths:

- Lowest prevalence of smoking
- Lowest percentages of hospital readmissions & hospital deaths
- Highest use of hospice care

Challenges:

- Limited availability of home health care workers
- High geriatrician shortfall
- High prevalence of falls

Ranking: Utah is 7th in this Senior Report. In the 2013 Edition, it ranked 10th.

Highlights:

- In the past year, nursing home quality increased from 30.6 percent to 49.7 percent of beds rated 4 or 5 stars.
- In the past year, use of hospice care increased from 53.4 percent of decedents aged 65 and older to 63.0 percent, and hospital deaths decreased from 19.2 percent of decedents aged 65 and older to 16.4 percent.
- In Utah, 27.2 percent of seniors are physically inactive. Last year, 25.5 percent were inactive.
- Food insecurity, at 14.1 percent of adults aged 60 and older, remains a challenge for Utah seniors; it is the worst rank among all of the community and environment measures.
- The prevalence of smoking among seniors is the lowest in the nation in Utah at 4.7 percent of adults aged 65 and older.

Disparities: In Utah, 49.9 percent of seniors with less than a high school education are physically inactive compared to only 17.2 percent of seniors with a college education.

State Health Department Website:
www.health.utah.gov

For a more detailed look at this data, visit **www.americashealthrankings.org**/senior/UT

VERMONT

SENIOR HEALTH

		2014 VALUE	2014 RANK	NO 1 STATE
DETERMINANTS	**BEHAVIORS**			
	Smoking (Percent of adults aged 65+)	6.0	4	4.7
	Chronic Drinking (Percent of adults aged 65+)	5.0	43	1.7
	Obesity (Percent of adults aged 65+)	25.5	14	14.1
	Underweight (Percent of adults aged 65+)	1.4	13	0.8
	Physical Inactivity (Percent of adults aged 65+)	25.8	7	21.1
	Dental Visits (Percent of adults aged 65+)	70.6	12	77.2
	Pain Management (Percent of adults aged 65+)	50.0	37	60.7
	BEHAVIORS TOTAL	0.067	10	
	COMMUNITY & ENVIRONMENT			
	Poverty (Percent of adults aged 65+)	7.1	7	5.4
	Volunteerism (Percent of adults aged 65+)	32.4	9	39.8
	Nursing Home Quality (Percent of 4 & 5 star beds)	42.7	39	67.3
	C&E — MACRO PERSPECTIVE TOTAL	0.056	18	
	Social Support (Percent of adults aged 65+)	81.7	13	85.4
	Food Insecurity (Percent of adults aged 60+)	10.8	6	8.4
	Community Support (Dollars per adult aged 65+ in poverty)	$2,584	5	$8,033
	C&E — MICRO PERSPECTIVE TOTAL	0.096	3	
	COMMUNITY & ENVIRONMENT TOTAL	0.152	8	
	POLICY			
	Low-Care Nursing Home Residents (Percent of residents)	6.5	7	1.1
	Prescription Drug Coverage (Percent of adults aged 65+)	86.2	29	89.6
	Geriatrician Shortfall (Percent of needed geriatricians)	43.6	10	13.1
	POLICY TOTAL	0.094	6	
	CLINICAL CARE			
	Dedicated Health Care Provider (Percent of adults aged 65+)	96.3	7	97.5
	Recommended Hospital Care (Percent of hospitalized patients aged 65+)	98.5	10	99.1
	Flu Vaccine (Percent of adults aged 65+)	64.2	11	70.1
	Health Screenings (Percent of adults aged 65–74)	89.2	10	92.4
	Diabetes Management (Percent of Medicare beneficiaries)	79.7	29	86.1
	Home Health Care (Number of workers per 1,000 adults aged 75+)	178.2	6	299.6
	Preventable Hospitalizations (Discharges per 1,000 Medicare beneficiaries)	51.1	9	27.4
	Hospital Readmissions (Percent of hospitalized patients aged 65+)	14.5	6	12.3
	Hospice Care (Percent of decedents aged 65+)	28.5	49	63.0
	Hospital Deaths (Percent of decedents aged 65+)	24.2	27	16.4
	CLINICAL CARE TOTAL	0.076	7	
	ALL DETERMINANTS	0.389	2	
OUTCOMES				
	ICU Usage (Percent of decedents aged 65+)	5.1	1	5.1
	Falls (Percent of adults aged 65+)	32.0	43	14.5
	Hip Fractures (Rate per 1,000 Medicare beneficiaries)	6.9	16	3.0
	Health Status (Percent very good or excellent of adults aged 65+)	48.6	2	49.3
	Able-Bodied (Percent of adults aged 65+)	66.4	10	68.2
	Premature Death (Deaths per 100,000 population aged 65–74)	1744	14	1425
	Teeth Extractions (Percent of adults aged 65+)	17.5	30	7.0
	Mental Health Days (Days in previous 30 days)	2.2	18	1.5
	ALL OUTCOMES	0.143	11	
	OVERALL	0.533	4	

SUPPLEMENTAL MEASURES

	2014 VALUE	2014 RANK	NO 1 STATE
Education (Percent of adults aged 65+)	29.2	2	31.0
Multiple Chronic Conditions (Percent of adults aged 65+)	25.2	5	20.9
Cognition (Percent of adults aged 65+)	8.3	17	6.6
Depression (Percent of adults aged 65+)	16.3	44	8.3
Suicide (Deaths per 100,000 adults aged 65+)	19.4	41	6.4

SENIOR POPULATION GROWTH	STATE	US
Projected Increase 2015–2030	53.3	52.7

Overall Rank: 4

Determinants Rank: 2
Outcomes Rank: 11

Strengths:
- Low ICU usage
- High health status
- Low prevalence of smoking

Challenges:
- High prevalence of chronic drinking
- Low use of hospice care
- High prevalence of falls

Ranking: Vermont is 4th in this Senior Report. In the 2013 Edition, it ranked 2nd.

Highlights:
- In the past year, nursing home quality decreased from 54.4 percent to 42.7 percent of beds rated 4 or 5 stars.
- In the past year, the estimated geriatrician shortfall decreased from 53.9 percent to 43.6 percent.
- In the past year, use of hospice care increased from 23.5 percent of decedents aged 65 and older to 28.8 percent; however, Vermont still ranks 49th among states.
- In the past year, food insecurity decreased from 11.6 percent of adults aged 60 and older to 10.8 percent.
- Vermont ranks in the top 10 in 17 individual measures.

Disparities: In Vermont, 65.1 percent of seniors with a college education report their health is very good or excellent compared to only 31.7 percent of seniors with less than a high school education.

State Health Department Website:
www.healthvermont.gov

For a more detailed look at this data, visit **www.americashealthrankings.org**/senior/VT

VIRGINIA

SENIOR HEALTH

		2014 VALUE	2014 RANK	NO 1 STATE
DETERMINANTS	BEHAVIORS			
	Smoking (Percent of adults aged 65+)	9.6	32	4.7
	Chronic Drinking (Percent of adults aged 65+)	3.3	20	1.7
	Obesity (Percent of adults aged 65+)	26.8	28	14.1
	Underweight (Percent of adults aged 65+)	1.1	3	0.8
	Physical Inactivity (Percent of adults aged 65+)	28.6	22	21.1
	Dental Visits (Percent of adults aged 65+)	69.1	17	77.2
	Pain Management (Percent of adults aged 65+)	52.6	20	60.7
	BEHAVIORS TOTAL	0.047	14	
	COMMUNITY & ENVIRONMENT			
	Poverty (Percent of adults aged 65+)	7.7	15	5.4
	Volunteerism (Percent of adults aged 65+)	27.4	19	39.8
	Nursing Home Quality (Percent of 4 & 5 star beds)	40.5	43	67.3
	C&E — MACRO PERSPECTIVE TOTAL	0.009	27	
	Social Support (Percent of adults aged 65+)	81.5	15	85.4
	Food Insecurity (Percent of adults aged 60+)	8.4	1	8.4
	Community Support (Dollars per adult aged 65+ in poverty)	$595	32	$8,033
	C&E — MICRO PERSPECTIVE TOTAL	0.066	8	
	COMMUNITY & ENVIRONMENT TOTAL	0.076	19	
	POLICY			
	Low-Care Nursing Home Residents (Percent of residents)	8.6	14	1.1
	Prescription Drug Coverage (Percent of adults aged 65+)	84.3	39	89.6
	Geriatrician Shortfall (Percent of needed geriatricians)	59.9	21	13.1
	POLICY TOTAL	-0.015	25	
	CLINICAL CARE			
	Dedicated Health Care Provider (Percent of adults aged 65+)	93.8	37	97.5
	Recommended Hospital Care (Percent of hospitalized patients aged 65+)	98.3	18	99.1
	Flu Vaccine (Percent of adults aged 65+)	60.1	25	70.1
	Health Screenings (Percent of adults aged 65–74)	87.9	13	92.4
	Diabetes Management (Percent of Medicare beneficiaries)	82.4	14	86.1
	Home Health Care (Number of workers per 1,000 adults aged 75+)	86.0	23	299.6
	Preventable Hospitalizations (Discharges per 1,000 Medicare beneficiaries)	59.0	19	27.4
	Hospital Readmissions (Percent of hospitalized patients aged 65+)	15.7	27	12.3
	Hospice Care (Percent of decedents aged 65+)	42.9	35	63.0
	Hospital Deaths (Percent of decedents aged 65+)	27.8	40	16.4
	CLINICAL CARE TOTAL	0	25	
	ALL DETERMINANTS	0.108	20	
OUTCOMES				
	ICU Usage (Percent of decedents aged 65+)	13.8	31	5.1
	Falls (Percent of adults aged 65+)	26.1	16	14.5
	Hip Fractures (Rate per 1,000 Medicare beneficiaries)	7.7	34	3.0
	Health Status (Percent very good or excellent of adults aged 65+)	41.7	22	49.3
	Able-Bodied (Percent of adults aged 65+)	65.5	17	68.2
	Premature Death (Deaths per 100,000 population aged 65–74)	1882	28	1425
	Teeth Extractions (Percent of adults aged 65+)	16.1	23	7.0
	Mental Health Days (Days in previous 30 days)	2.1	10	1.5
	ALL OUTCOMES	0.059	24	
	OVERALL	0.167	21	

SUPPLEMENTAL MEASURES

	2014 VALUE	2014 RANK	NO 1 STATE
Education (Percent of adults aged 65+)	25.9	10	31.0
Multiple Chronic Conditions (Percent of adults aged 65+)	34.0	26	20.9
Cognition (Percent of adults aged 65+)	9.0	28	6.6
Depression (Percent of adults aged 65+)	12.0	12	8.3
Suicide (Deaths per 100,000 adults aged 65+)	15.4	24	6.4

SENIOR POPULATION GROWTH	STATE	US
Projected Increase 2015–2030	54.5	52.7

Overall Rank: 21

Determinants Rank: 20
Outcomes Rank: 24

Strengths:

- Lowest prevalence of food insecurity
- Few poor mental health days per month
- Low prevalence of underweight seniors

Challenges:

- High percentage of hospital deaths
- Low percentage of quality nursing home beds
- Low prescription drug coverage

Ranking: Virginia is 21st in this Senior Report. In the 2013 Edition, it ranked 23rd.

Highlights:

- Physical inactivity decreased in the past year, from 33.8 percent of adults aged 65 and older to 28.6 percent.
- In the past year, use of hospice care increased from 31.7 percent of decedents aged 65 and older to 42.9 percent, and hospital deaths decreased from 33.3 percent of decedents aged 65 and older to 27.8 percent.
- The number of poor mental health days among seniors increased in the past year, from 1.7 to 2.1 days in the past 30 days.
- In the past year, food insecurity decreased from 9.3 percent of adults aged 60 and older to 8.4 percent.
- Only 60.1 percent of seniors received a flu vaccine in the last year.

Disparities: In Virginia, 44.1 percent of seniors with less than a high school education are physically inactive compared to only 14.8 percent of seniors with a college degree.

State Health Department Website:
www.vdh.state.va.us

For a more detailed look at this data, visit **www.americashealthrankings.org**/senior/VA

WASHINGTON

SENIOR HEALTH

		2014 VALUE	2014 RANK	NO 1 STATE
DETERMINANTS	BEHAVIORS			
	Smoking (Percent of adults aged 65+)	7.5	7	4.7
	Chronic Drinking (Percent of adults aged 65+)	5.4	47	1.7
	Obesity (Percent of adults aged 65+)	25.6	15	14.1
	Underweight (Percent of adults aged 65+)	1.7	29	0.8
	Physical Inactivity (Percent of adults aged 65+)	24.3	4	21.1
	Dental Visits (Percent of adults aged 65+)	70.5	13	77.2
	Pain Management (Percent of adults aged 65+)	47.2	46	60.7
	BEHAVIORS TOTAL	-0.009	25	
	COMMUNITY & ENVIRONMENT			
	Poverty (Percent of adults aged 65+)	7.8	18	5.4
	Volunteerism (Percent of adults aged 65+)	29.2	16	39.8
	Nursing Home Quality (Percent of 4 & 5 star beds)	59.5	5	67.3
	C&E — MACRO PERSPECTIVE TOTAL	0.097	7	
	Social Support (Percent of adults aged 65+)	84.6	2	85.4
	Food Insecurity (Percent of adults aged 60+)	14.5	30	8.4
	Community Support (Dollars per adult aged 65+ in poverty)	$453	43	$8,033
	C&E — MICRO PERSPECTIVE TOTAL	0.034	17	
	COMMUNITY & ENVIRONMENT TOTAL	0.131	13	
	POLICY			
	Low-Care Nursing Home Residents (Percent of residents)	6.4	6	1.1
	Prescription Drug Coverage (Percent of adults aged 65+)	82.2	46	89.6
	Geriatrician Shortfall (Percent of needed geriatricians)	54.9	17	13.1
	POLICY TOTAL	-0.024	27	
	CLINICAL CARE			
	Dedicated Health Care Provider (Percent of adults aged 65+)	95.2	24	97.5
	Recommended Hospital Care (Percent of hospitalized patients aged 65+)	98.0	33	99.1
	Flu Vaccine (Percent of adults aged 65+)	60.1	25	70.1
	Health Screenings (Percent of adults aged 65–74)	84.5	34	92.4
	Diabetes Management (Percent of Medicare beneficiaries)	80.3	26	86.1
	Home Health Care (Number of workers per 1,000 adults aged 75+)	75.5	35	299.6
	Preventable Hospitalizations (Discharges per 1,000 Medicare beneficiaries)	44.2	6	27.4
	Hospital Readmissions (Percent of hospitalized patients aged 65+)	14.9	11	12.3
	Hospice Care (Percent of decedents aged 65+)	44.3	30	63.0
	Hospital Deaths (Percent of decedents aged 65+)	22.8	20	16.4
	CLINICAL CARE TOTAL	0.023	18	
	ALL DETERMINANTS	0.121	19	
OUTCOMES				
	ICU Usage (Percent of decedents aged 65+)	9.4	15	5.1
	Falls (Percent of adults aged 65+)	32.7	47	14.5
	Hip Fractures (Rate per 1,000 Medicare beneficiaries)	6.7	12	3.0
	Health Status (Percent very good or excellent of adults aged 65+)	45.0	10	49.3
	Able-Bodied (Percent of adults aged 65+)	63.1	31	68.2
	Premature Death (Deaths per 100,000 population aged 65–74)	1694	12	1425
	Teeth Extractions (Percent of adults aged 65+)	11.0	3	7.0
	Mental Health Days (Days in previous 30 days)	2.2	18	1.5
	ALL OUTCOMES	0.116	16	
	OVERALL	0.237	15	

SUPPLEMENTAL MEASURES

	2014 VALUE	2014 RANK	NO 1 STATE
Education (Percent of adults aged 65+)	27.9	4	31.0
Multiple Chronic Conditions (Percent of adults aged 65+)	26.3	10	20.9
Cognition (Percent of adults aged 65+)	9.5	33	6.6
Depression (Percent of adults aged 65+)	16.9	47	8.3
Suicide (Deaths per 100,000 adults aged 65+)	19.0	40	6.4

SENIOR POPULATION GROWTH	STATE	US
Projected Increase 2015–2030	62.0	52.7

Overall Rank: 15

Determinants Rank: 19
Outcomes Rank: 16

Strengths:

- High percentage of social support
- Low prevalences of smoking & physical inactivity
- Low prevalence of teeth extractions

Challenges:

- Low prescription drug coverage
- High prevalence of falls
- High prevalence of chronic drinking

Ranking: Washington is 15th in this Senior Report. In the 2013 Edition, it ranked 15th.

Highlights:

- In the past year, the percentage of seniors reporting their health is very good or excellent increased from 42.1 percent to 45.0 percent of adults aged 65 and older.
- Health screenings decreased from 86.9 percent of adults aged 65 to 74 to 84.5 percent in the past year.
- In the past year, use of hospice care increased from 33.4 percent of decedents aged 65 and older to 44.3 percent, and hospital deaths decreased from 25.9 percent to 22.8 percent of decedents aged 65 and older.
- Nursing home quality increased in the past year from 49.9 percent to 59.5 percent of beds rated 4 or 5 stars.
- In Washington, 1 in 3 seniors report they have fallen in the past 12 months.

Disparities: In Washington, 58.8 percent of seniors with a college education report their health is very good or excellent compared to only 20.7 percent of seniors with less than a high school education.

State Health Department Website:
www.doh.wa.gov

For a more detailed look at this data, visit **www.americashealthrankings.org**/senior/WA

WEST VIRGINIA

SENIOR HEALTH

		2014 VALUE	2014 RANK	NO 1 STATE
DETERMINANTS	**BEHAVIORS**			
	Smoking (Percent of adults aged 65+)	10.4	42	4.7
	Chronic Drinking (Percent of adults aged 65+)	1.7	1	1.7
	Obesity (Percent of adults aged 65+)	28.7	41	14.1
	Underweight (Percent of adults aged 65+)	1.5	21	0.8
	Physical Inactivity (Percent of adults aged 65+)	35.9	48	21.1
	Dental Visits (Percent of adults aged 65+)	49.6	50	77.2
	Pain Management (Percent of adults aged 65+)	48.5	43	60.7
	BEHAVIORS TOTAL	-0.165	46	
	COMMUNITY & ENVIRONMENT			
	Poverty (Percent of adults aged 65+)	9.4	33	5.4
	Volunteerism (Percent of adults aged 65+)	21.3	37	39.8
	Nursing Home Quality (Percent of 4 & 5 star beds)	33.2	48	67.3
	C&E — MACRO PERSPECTIVE TOTAL	-0.085	46	
	Social Support (Percent of adults aged 65+)	83.7	6	85.4
	Food Insecurity (Percent of adults aged 60+)	16.3	36	8.4
	Community Support (Dollars per adult aged 65+ in poverty)	$688	27	$8,033
	C&E — MICRO PERSPECTIVE TOTAL	0.013	24	
	COMMUNITY & ENVIRONMENT TOTAL	-0.072	36	
	POLICY			
	Low-Care Nursing Home Residents (Percent of residents)	11.7	25	1.1
	Prescription Drug Coverage (Percent of adults aged 65+)	88.0	10	89.6
	Geriatrician Shortfall (Percent of needed geriatricians)	68.5	31	13.1
	POLICY TOTAL	0.007	20	
	CLINICAL CARE			
	Dedicated Health Care Provider (Percent of adults aged 65+)	94.8	30	97.5
	Recommended Hospital Care (Percent of hospitalized patients aged 65+)	97.8	38	99.1
	Flu Vaccine (Percent of adults aged 65+)	68.9	3	70.1
	Health Screenings (Percent of adults aged 65–74)	83.9	37	92.4
	Diabetes Management (Percent of Medicare beneficiaries)	80.0	27	86.1
	Home Health Care (Number of workers per 1,000 adults aged 75+)	119.3	10	299.6
	Preventable Hospitalizations (Discharges per 1,000 Medicare beneficiaries)	103.1	50	27.4
	Hospital Readmissions (Percent of hospitalized patients aged 65+)	16.8	46	12.3
	Hospice Care (Percent of decedents aged 65+)	39.9	42	63.0
	Hospital Deaths (Percent of decedents aged 65+)	27.8	40	16.4
	CLINICAL CARE TOTAL	-0.06	43	
	ALL DETERMINANTS	-0.29	44	
OUTCOMES				
	ICU Usage (Percent of decedents aged 65+)	15.8	39	5.1
	Falls (Percent of adults aged 65+)	27.4	21	14.5
	Hip Fractures (Rate per 1,000 Medicare beneficiaries)	8.3	38	3.0
	Health Status (Percent very good or excellent of adults aged 65+)	32.0	46	49.3
	Able-Bodied (Percent of adults aged 65+)	56.4	49	68.2
	Premature Death (Deaths per 100,000 population aged 65–74)	2423	48	1425
	Teeth Extractions (Percent of adults aged 65+)	33.8	50	7.0
	Mental Health Days (Days in previous 30 days)	2.7	43	1.5
	ALL OUTCOMES	-0.293	49	
	OVERALL	-0.584	45	

SUPPLEMENTAL MEASURES

	2014 VALUE	2014 RANK	NO 1 STATE
Education (Percent of adults aged 65+)	12.3	50	31.0
Multiple Chronic Conditions (Percent of adults aged 65+)	38.0	40	20.9
Cognition (Percent of adults aged 65+)	11.9	47	6.6
Depression (Percent of adults aged 65+)	14.7	32	8.3
Suicide (Deaths per 100,000 adults aged 65+)	16.9	34	6.4

SENIOR POPULATION GROWTH	STATE	US
Projected Increase 2015–2030	29.3	52.7

Overall Rank: 45

Determinants Rank: 44
Outcomes Rank: 49

Strengths:

- Lowest prevalence of chronic drinking
- High flu vaccination coverage
- High percentage of social support

Challenges:

- Low percentage of able-bodied seniors
- Lowest prevalence of dental visits & highest prevalence of teeth extractions
- Highest rate of preventable hospitalizations

Ranking: West Virginia is 45th in this Senior Report. In the 2013 Edition, it ranked 46th.

Highlights:

- In the past year, physical inactivity decreased from 41.2 percent to 35.9 percent of adults aged 65 and older; more than 100,000 seniors remain physically inactive.
- The percentage of seniors who have a dedicated health care provider increased in the past year, from 92.3 percent to 94.8 percent of adults aged 65 and older.
- Among seniors, use of hospice care increased by 45 percent, and hospital deaths decreased by 17 percent in the last year.
- The number of home health care workers increased in the past year, from 108.6 to 119.3 workers per 1,000 adults aged 75 and older.
- West Virginia ranks 20th in all policy measures combined, which is the best category total rank in the state.

Disparities: In West Virginia, 64.5 percent of seniors with an income greater than $75,000 report their health is very good or excellent compared to only 21.0 percent of seniors with an income less than $25,000.

State Health Department Website:
www.wvdhhr.org

For a more detailed look at this data, visit **www.americashealthrankings.org**/senior/WV

WISCONSIN

SENIOR HEALTH

		2014 VALUE	2014 RANK	NO 1 STATE
DETERMINANTS	**BEHAVIORS**			
	Smoking (Percent of adults aged 65+)	6.7	5	4.7
	Chronic Drinking (Percent of adults aged 65+)	5.7	49	1.7
	Obesity (Percent of adults aged 65+)	29.5	47	14.1
	Underweight (Percent of adults aged 65+)	1.3	9	0.8
	Physical Inactivity (Percent of adults aged 65+)	30.2	29	21.1
	Dental Visits (Percent of adults aged 65+)	75.1	3	77.2
	Pain Management (Percent of adults aged 65+)	52.2	23	60.7
	BEHAVIORS TOTAL	-0.008	24	
	COMMUNITY & ENVIRONMENT			
	Poverty (Percent of adults aged 65+)	7.4	12	5.4
	Volunteerism (Percent of adults aged 65+)	35.0	7	39.8
	Nursing Home Quality (Percent of 4 & 5 star beds)	53.3	16	67.3
	C&E — MACRO PERSPECTIVE TOTAL	0.109	6	
	Social Support (Percent of adults aged 65+)	79.5	30	85.4
	Food Insecurity (Percent of adults aged 60+)	11.0	9	8.4
	Community Support (Dollars per adult aged 65+ in poverty)	$1,013	16	$8,033
	C&E — MICRO PERSPECTIVE TOTAL	0.031	18	
	COMMUNITY & ENVIRONMENT TOTAL	0.14	11	
	POLICY			
	Low-Care Nursing Home Residents (Percent of residents)	11.8	26	1.1
	Prescription Drug Coverage (Percent of adults aged 65+)	80.2	49	89.6
	Geriatrician Shortfall (Percent of needed geriatricians)	52.9	14	13.1
	POLICY TOTAL	-0.078	40	
	CLINICAL CARE			
	Dedicated Health Care Provider (Percent of adults aged 65+)	97.2	3	97.5
	Recommended Hospital Care (Percent of hospitalized patients aged 65+)	98.5	10	99.1
	Flu Vaccine (Percent of adults aged 65+)	50.5	49	70.1
	Health Screenings (Percent of adults aged 65–74)	89.3	9	92.4
	Diabetes Management (Percent of Medicare beneficiaries)	84.4	4	86.1
	Home Health Care (Number of workers per 1,000 adults aged 75+)	127.3	9	299.6
	Preventable Hospitalizations (Discharges per 1,000 Medicare beneficiaries)	55.0	14	27.4
	Hospital Readmissions (Percent of hospitalized patients aged 65+)	15.0	14	12.3
	Hospice Care (Percent of decedents aged 65+)	47.2	23	63.0
	Hospital Deaths (Percent of decedents aged 65+)	20.9	7	16.4
	CLINICAL CARE TOTAL	0.074	8	
	ALL DETERMINANTS	0.129	17	
OUTCOMES				
	ICU Usage (Percent of decedents aged 65+)	6.8	7	5.1
	Falls (Percent of adults aged 65+)	14.5	1	14.5
	Hip Fractures (Rate per 1,000 Medicare beneficiaries)	6.7	12	3.0
	Health Status (Percent very good or excellent of adults aged 65+)	44.4	12	49.3
	Able-Bodied (Percent of adults aged 65+)	67.4	5	68.2
	Premature Death (Deaths per 100,000 population aged 65–74)	1780	19	1425
	Teeth Extractions (Percent of adults aged 65+)	13.5	13	7.0
	Mental Health Days (Days in previous 30 days)	2.1	10	1.5
	ALL OUTCOMES	0.254	3	
	OVERALL	0.383	10	

SUPPLEMENTAL MEASURES

	2014 VALUE	2014 RANK	NO 1 STATE
Education (Percent of adults aged 65+)	19.1	35	31.0
Multiple Chronic Conditions (Percent of adults aged 65+)	30.9	16	20.9
Cognition (Percent of adults aged 65+)	6.9	4	6.6
Depression (Percent of adults aged 65+)	9.8	3	8.3
Suicide (Deaths per 100,000 adults aged 65+)	13.3	17	6.4

SENIOR POPULATION GROWTH	STATE	US
Projected Increase 2015–2030	48.8	52.7

Overall Rank: 10

Determinants Rank: 17
Outcomes Rank: 3

Strengths:
- Lowest prevalence of falls
- High percentage of dedicated health care providers
- High percentage of dental visits

Challenges:
- Low flu vaccination coverage
- Low prescription drug coverage
- High prevalence of chronic drinking

Ranking: Wisconsin is 10th in this Senior Report. In the 2013 Edition, it ranked 19th.

Highlights:
- In the past year, the prevalence of smoking decreased from 9.6 percent to 6.7 percent of adults aged 65 and older.
- In the past year, flu vaccination coverage decreased from 56.5 percent to 50.5 percent of seniors.
- The percentage of seniors reporting their health is very good or excellent increased in the past year, from 39.0 to 44.4 percent of adults aged 65 and older.
- In the past year, use of hospice care increased from 34.5 percent of decedents aged 65 and older to 47.2 percent, and hospital deaths decreased from 25.0 percent of decedents aged 65 and older to 20.9 percent.
- Wisconsin's overall rank improved by 9, the largest improvement among all states.

Disparities: In Wisconsin, 50.2 percent of seniors with less than a high school education are physically inactive compared to only 16.3 percent of those with a college education.

State Health Department Website:
www.dhs.wisconsin.gov

For a more detailed look at this data, visit **www.americashealthrankings.org**/senior/WI

WYOMING

SENIOR HEALTH

		2014 VALUE	2014 RANK	NO 1 STATE
DETERMINANTS	BEHAVIORS			
	Smoking (Percent of adults aged 65+)	11.2	44	4.7
	Chronic Drinking (Percent of adults aged 65+)	3.8	25	1.7
	Obesity (Percent of adults aged 65+)	20.5	4	14.1
	Underweight (Percent of adults aged 65+)	1.7	29	0.8
	Physical Inactivity (Percent of adults aged 65+)	30.2	29	21.1
	Dental Visits (Percent of adults aged 65+)	61.2	39	77.2
	Pain Management (Percent of adults aged 65+)	52.2	23	60.7
	BEHAVIORS TOTAL	-0.028	29	
	COMMUNITY & ENVIRONMENT			
	Poverty (Percent of adults aged 65+)	5.8	2	5.4
	Volunteerism (Percent of adults aged 65+)	28.1	17	39.8
	Nursing Home Quality (Percent of 4 & 5 star beds)	46.3	32	67.3
	C&E — MACRO PERSPECTIVE TOTAL	0.072	13	
	Social Support (Percent of adults aged 65+)	82.3	12	85.4
	Food Insecurity (Percent of adults aged 60+)	13.8	24	8.4
	Community Support (Dollars per adult aged 65+ in poverty)	$4,058	2	$8,033
	C&E — MICRO PERSPECTIVE TOTAL	0.102	2	
	COMMUNITY & ENVIRONMENT TOTAL	0.174	6	
	POLICY			
	Low-Care Nursing Home Residents (Percent of residents)	19.2	46	1.1
	Prescription Drug Coverage (Percent of adults aged 65+)	81.8	47	89.6
	Geriatrician Shortfall (Percent of needed geriatricians)	73.3	37	13.1
	POLICY TOTAL	-0.206	49	
	CLINICAL CARE			
	Dedicated Health Care Provider (Percent of adults aged 65+)	89.1	49	97.5
	Recommended Hospital Care (Percent of hospitalized patients aged 65+)	98.7	3	99.1
	Flu Vaccine (Percent of adults aged 65+)	53.3	44	70.1
	Health Screenings (Percent of adults aged 65–74)	79.1	49	92.4
	Diabetes Management (Percent of Medicare beneficiaries)	61.0	50	86.1
	Home Health Care (Number of workers per 1,000 adults aged 75+)	78.8	32	299.6
	Preventable Hospitalizations (Discharges per 1,000 Medicare beneficiaries)	55.2	15	27.4
	Hospital Readmissions (Percent of hospitalized patients aged 65+)	15.5	21	12.3
	Hospice Care (Percent of decedents aged 65+)	30.7	47	63.0
	Hospital Deaths (Percent of decedents aged 65+)	21.2	10	16.4
	CLINICAL CARE TOTAL	-0.089	47	
	ALL DETERMINANTS	-0.15	37	
OUTCOMES				
	ICU Usage (Percent of decedents aged 65+)	8.6	13	5.1
	Falls (Percent of adults aged 65+)	32.1	46	14.5
	Hip Fractures (Rate per 1,000 Medicare beneficiaries)	8.2	36	3.0
	Health Status (Percent very good or excellent of adults aged 65+)	42.9	18	49.3
	Able-Bodied (Percent of adults aged 65+)	64.2	25	68.2
	Premature Death (Deaths per 100,000 population aged 65–74)	1868	27	1425
	Teeth Extractions (Percent of adults aged 65+)	17.7	31	7.0
	Mental Health Days (Days in previous 30 days)	2.1	10	1.5
	ALL OUTCOMES	0.024	27	
	OVERALL	-0.125	33	

SUPPLEMENTAL MEASURES

	2014 VALUE	2014 RANK	NO 1 STATE
Education (Percent of adults aged 65+)	21.1	29	31.0
Multiple Chronic Conditions (Percent of adults aged 65+)	21.5	2	20.9
Cognition (Percent of adults aged 65+)	7.3	7	6.6
Depression (Percent of adults aged 65+)	13.1	19	8.3
Suicide (Deaths per 100,000 adults aged 65+)	24.3	47	6.4

SENIOR POPULATION GROWTH	STATE	US
Projected Increase 2015–2030	56.0	52.7

Overall Rank: 33

Determinants Rank: 37
Outcomes Rank: 27

Strengths:

- Low percentage of seniors living in poverty
- High community support expenditures
- High percentage of recommended hospital care

Challenges:

- Low percentage of dedicated health care providers
- Lowest percentage of diabetes management
- Low prevalence of health screenings

Ranking: Wyoming is 33rd in this Senior Report. In the 2013 Edition, it ranked 32nd.

Highlights:

- In the past year, use of hospice care increased from 21.9 percent of decedents aged 65 and older to 30.7 percent, and hospital deaths decreased from 25.8 percent of decedents aged 65 and older to 21.2 percent.
- In the past year, quality nursing homes decreased from 52.8 percent to 46.3 percent of beds rated 4 or 5 stars.
- In the past year, chronic drinking increased from 3.0 percent of adults aged 65 and older to 3.8 percent, moving the rank from 16th to 25th.
- Wyoming ranks 6th in all community and environment measures combined, indicating strong support for seniors in the community.
- Total community expenditures are high in Wyoming at $4,058 per adult aged 65 and older living in poverty.

Disparities: In Wyoming, 58.5 percent of seniors with a college education report their health is very good or excellent compared to only 21.9 percent of seniors with less than a high school education.

State Health Department Website:
http://www.health.wyo.gov

For a more detailed look at this data, visit **www.americashealthrankings.org**/senior/WY

DISTRICT OF COLUMBIA

SENIOR HEALTH

		2014 VALUE	2014 RANK	NO 1 STATE
DETERMINANTS	**BEHAVIORS**			
	Smoking (Percent of adults aged 65+)	8.2		4.7
	Chronic Drinking (Percent of adults aged 65+)	5.0		1.7
	Obesity (Percent of adults aged 65+)	19.1		14.1
	Underweight (Percent of adults aged 65+)	2.5		0.8
	Physical Inactivity (Percent of adults aged 65+)	28.9		21.1
	Dental Visits (Percent of adults aged 65+)	66.6		77.2
	Pain Management (Percent of adults aged 65+)	52.1		60.7
	BEHAVIORS TOTAL	—		
	COMMUNITY & ENVIRONMENT			
	Poverty (Percent of adults aged 65+)	12.6		5.4
	Volunteerism (Percent of adults aged 65+)	23.4		39.8
	Nursing Home Quality (Percent of 4 & 5 star beds)	57.6		67.3
	C&E — MACRO PERSPECTIVE TOTAL	—		
	Social Support (Percent of adults aged 65+)	71.5		85.4
	Food Insecurity (Percent of adults aged 60+)	12.1		8.4
	Community Support (Dollars per adult aged 65+ in poverty)	$1,895		$8,033
	C&E — MICRO PERSPECTIVE TOTAL	—		
	COMMUNITY & ENVIRONMENT TOTAL	—		
	POLICY			
	Low-Care Nursing Home Residents (Percent of residents)			1.1
	Prescription Drug Coverage (Percent of adults aged 65+)	79.1		89.6
	Geriatrician Shortfall (Percent of needed geriatricians)	31.0		13.1
	POLICY TOTAL	-		
	CLINICAL CARE			
	Dedicated Health Care Provider (Percent of adults aged 65+)	93.8		97.5
	Recommended Hospital Care (Percent of hospitalized patients aged 65+)	95.6		99.1
	Flu Vaccine (Percent of adults aged 65+)	56.7		70.1
	Health Screenings (Percent of adults aged 65–74)	89.4		92.4
	Diabetes Management (Percent of Medicare beneficiaries)	75.6		86.1
	Home Health Care (Number of workers per 1,000 adults aged 75+)	202.2		299.6
	Preventable Hospitalizations (Discharges per 1,000 Medicare beneficiaries)	51.2		27.4
	Hospital Readmissions (Percent of hospitalized patients aged 65+)	15.2		12.3
	Hospice Care (Percent of decedents aged 65+)	39.4		63.0
	Hospital Deaths (Percent of decedents aged 65+)	30.5		16.4
	CLINICAL CARE TOTAL	—		
	ALL DETERMINANTS	—		
OUTCOMES				
	ICU Usage (Percent of decedents aged 65+)	16.3		5.1
	Falls (Percent of adults aged 65+)	27.5		14.5
	Hip Fractures (Rate per 1,000 Medicare beneficiaries)	6.2		3.0
	Health Status (Percent very good or excellent of adults aged 65+)	41.0		49.3
	Able-Bodied (Percent of adults aged 65+)	65.3		68.2
	Premature Death (Deaths per 100,000 population aged 65–74)	2086		1425
	Teeth Extractions (Percent of adults aged 65+)	13.1		7.0
	Mental Health Days (Days in previous 30 days)	2.3		1.5
	ALL OUTCOMES	—		
	OVERALL	—		

SUPPLEMENTAL MEASURES

	2014 VALUE	2014 RANK	NO 1 STATE
Education (Percent of adults aged 65+)	36.9	—	31.0
Multiple Chronic Conditions (Percent of adults aged 65+)	32.9	—	20.9
Cognition (Percent of adults aged 65+)	9.1	—	6.6
Depression (Percent of adults aged 65+)	10.5	—	8.3
Suicide (Deaths per 100,000 adults aged 65+)	—	—	6.4

SENIOR POPULATION GROWTH	STATE	US
Projected Increase 2015–2030	–5.6	52.7

District is not ranked

Strengths:
- Low prevalence of obesity
- High percentage of health screenings
- High percentage of quality nursing home beds

Challenges:
- High percentage of seniors in poverty
- High prevalence of chronic drinking
- Low prescription drug coverage

Ranking: District of Columbia is not ranked.

Highlights:
- In the past year, the prevalence of obesity decreased from 26.3 percent to 19.1 percent of adults aged 65 and older.
- Nursing home quality increased in the past year, from 43.8 percent to 57.6 percent of beds rated 4 or 5 stars.
- In the past year, use of hospice care increased from 27.2 percent of decedents aged 65 and older to 39.4 percent, and hospital deaths decreased from 37.6 percent of decedents aged 65 and older to 30.5 percent.
- In the past year, the number of home health care workers increased from 160.6 to 202.2 workers per 1,000 adults aged 75 and older.
- In the past year, both food insecurity and smoking among seniors decreased slightly.

Disparities: In the District of Columbia, 60.3 percent of seniors with a college degree report their health is very good or excellent compared to 20.2 percent of seniors with less than a high school education.

State Health Department Website:
www.dchealth.dc.gov

For a more detailed look at this data, visit **www.americashealthrankings.org**/senior/DC

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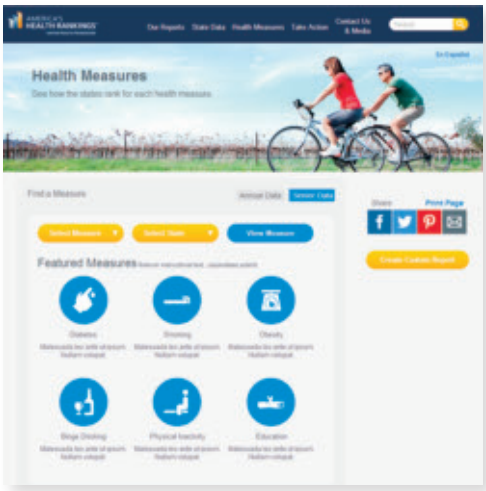

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MAY 2014