NARROWING THE GAP
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SENIOR ACCESS TO PREVENTIVE HEALTHCARE

Income, Insurance Status, and Health Literacy All Affect Access

Senior Snapshot

- More than 44 million adults (14.1% of the population) in the United States are 65 and older
- 9.4% of those 65 and older live below 100% of the Federal Poverty Level
- 36% have some type of disability

Senior Health Characteristics and Behaviors

As people age, their likelihood of experiencing illness, disability, or chronic disease increases. People 65 years and older are most likely to suffer from multiple, co-occurring health issues. According to the Centers for Disease Control and Prevention (CDC), three out of four people aged 65 and older have multiple medical problems that are chronic in nature (lasting a year or more). Risks from chronic disease include premature death and diminished ability to carry out activities for daily living.

The majority of Medicare recipients (the federal health insurance provided at no cost to Americans aged 65 and older), have two or more chronic conditions, although the percentage is somewhat higher for women (72%) than for men (65%). (This may be related to women's longer life expectancies—on average, women can expect to live 4.9 years longer than men.) The chronic conditions Medicare recipients are most likely to have include high blood pressure (58%), high cholesterol (45%), ischemic heart disease (31%), arthritis (29%), and diabetes (28%).

Fee-for-service beneficiaries with multiple chronic conditions are estimated to account for 93% of Medicare spending. The American Association of Retired Persons (AARP) notes that Medicare beneficiaries in poor or fair health also face higher out-of-pocket costs than their healthier peers, amounting to almost a quarter (22-23%) of their total income. Furthermore, those with multiple chronic health conditions have a greater likelihood of requiring hospitalization, home health care, doctor visits, and trips to the emergency room, all of which can come with accompanying out-of-pocket costs. Among the costliest chronic conditions to treat is congestive heart failure (median total out-of-pocket spending is $4,458), followed by cancer ($4,417), and osteoporosis ($4,364).

Cost-Sharing Leads to Healthcare Underutilization and May Increase Mortality

Much research has been conducted on how cost-sharing (e.g., deductibles, co-payments, co-insurance) affects seniors' use of healthcare services. While there is no conclusive evidence establishing links between increased mortality and cost-sharing, seniors with no supplemental health coverage can be vulnerable to foregoing needed medical care because of its cost.

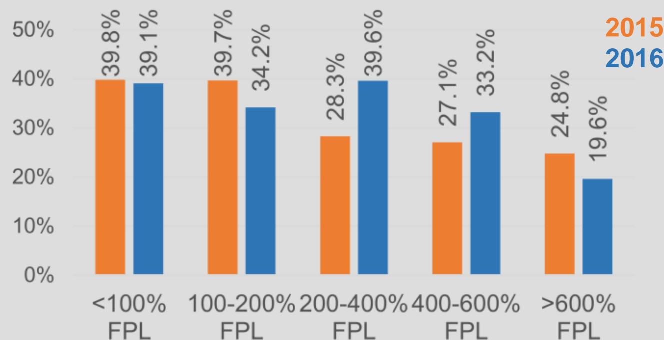
Case Study: Influenza Vaccination

National Senior Flu Vaccination Access

While annual influenza vaccinations are covered by Medicare and strongly recommended by the CDC, many seniors do not access this preventive healthcare. Seniors account for between 71% and 85% of flu-related deaths and 54% and 70% of flu-related hospitalizations. During the 2015-16 flu season, 63.4% of those aged 65 and older received a flu shot, down 3.3 percentage points from the 2014-15 season. Reasons for seniors not accessing immunizations for influenza, in addition to illnesses such as shingles and pneumonia, include low levels of awareness that immunizations are necessary or effective, fear, lack of access to physicians, and costs, especially for those in low-income groups.

Income and Senior Flu Non-Vaccination in NYC

The 2016 Equality Indicators found that seniors living in poverty were twice as likely as their more affluent counterparts to have not received a flu vaccination.



Influenza non-vaccination rates for people aged 65 and older by percentage above or below the Federal Poverty Level (FPL)

In this issue of *Narrowing the Gap*, we focus on one of the groups adversely affected by inequality: **Seniors**. Other issues describe inequalities faced by children, immigrants, individuals currently in jail or on probation, individuals living in poverty, individuals with a physical or intellectual disability, individuals with less than a high school diploma, lesbian/gay/bisexual/transgender/queer individuals, racial and ethnic minorities, religious minorities, seniors, single parents, and women.

Medicare and Out-of-Pocket Healthcare Costs

Although adults over the age of 65 have the highest rates of health insurance coverage (93.8% of this population is covered by Medicare or a government plan), healthcare delivered under Medicare is not without cost.

According to AARP, half of seniors receiving Medicare spent 17% or more of their income ($3,100) on out-of-pocket expenses related to healthcare. This includes cost-sharing expenses such as deductibles (the amount individuals must pay before insurance will contribute), co-payments (a set amount an individual must pay for services after the deductible is met), and co-insurance (a percentage of costs an individual must pay for services after the deducible is met). Some seniors buy additional health insurance (such as Medicare Supplement Insurance) to cover these costs, but AARP notes that 9% of those who receive Medicare have no supplemental coverage and are responsible for all out-of-pocket costs.

Out-of-pocket healthcare costs may make seniors reluctant to seek preventive healthcare. Elderly women and non-white seniors are especially vulnerable to avoiding medical services for cost reasons. Confusion about what is covered may exacerbate the problem. For instance, the Medicare Part B (plan covering physician services) website states:

"Your doctor or other health care provider may recommend you get services more often than Medicare covers. Or, they may recommend services that Medicare doesn't cover. If this happens, you may have to pay some or all of the costs."

The Congressional Budget Office (CBO) has noted that those without cost-sharing characteristics in their plans access medical services at higher rates than those with cost-sharing elements, increasing the likelihood that they will receive needed care. While cost-sharing is seen as advantageous to curbing Medicare healthcare costs for the government, it may put individuals at financial risk and deter them from seeking preventive care, which can make untreated health conditions worse and more expensive to treat down the road. Furthermore, there is evidence that seniors may cut back on prescription drugs due to their cost. Data from the 2014 Commonwealth Fund International Health Policy Survey of Older Adults found that 16.8% of those aged 55 and older acknowledged foregoing prescriptions because of cost, and the U.S. was the worst performer among the 11 countries studied.

Can Technology Improve Healthcare for Seniors?

In 2015, the White House hosted a Conference on Aging in which technology was offered as one way of enhancing healthcare delivery for seniors and lowering costs. Among the possibilities discussed were ways ridesharing companies like Uber could deliver vaccinations or other health services and how digital technologies could connect patients with doctors remotely, one example of which is Walgreens' 24/7 Tele-Doc Services.

There is growing evidence that seniors are open to using smart technologies in their homes to monitor their health status. AARP views smart technology as a viable way for seniors to "age-in-place" at home, delaying or eliminating the need for them to require care in a nursing home. The functions smart devices could potentially assume include:

- Monitoring medication compliance and vital functions such as blood pressure
- Tracking activity or inactivity via GPS location devices
- Requesting emergency assistance

Though Medicare does not currently cover the cost of devices or installation of smart technology in the home, gerontologists see technology as the best way to enhance and augment currently available care. As a result, alternate sources of funding, in addition to alternate technologies for seniors with physical disabilities (who may have difficulty using the internet or cell phones) should be considered.

Gaps in the Data

Despite the fact that the homeless population in the United States is aging (along with the general population), research on homeless seniors is in short supply. This lack of data greatly affects the ability of social service organizations and government agencies to identify and meet the needs of this growing disadvantaged group.

Elder abuse is another critical area of inequality that requires more research. According to the NYC Elder Abuse Center, 96% of the 120,000 elder abuse cases in New York City each year (e.g., financial exploitation, physical abuse, psychological abuse, abandonment, and neglect) are unreported.

The Equality Indicators is a project of **the Institute for State and Local Governance** (ISLG) of the City University of New York. The project measures progress towards greater equality across six themes related to **Economy**, **Education**, **Health**, **Housing**, **Justice**, and **Services** using 96 indicators. Each indicator is scored from 1 to 100, where 1 represents the most inequality and 100 the least inequality. For more information please visit our website at equalityindicators.org and follow us on twitter @equalityISLG.