

Section I

The Benefits of Healthy Behaviors For New Jersey Seniors

THE CASE FOR PROMOTING HEALTHY BEHAVIORS

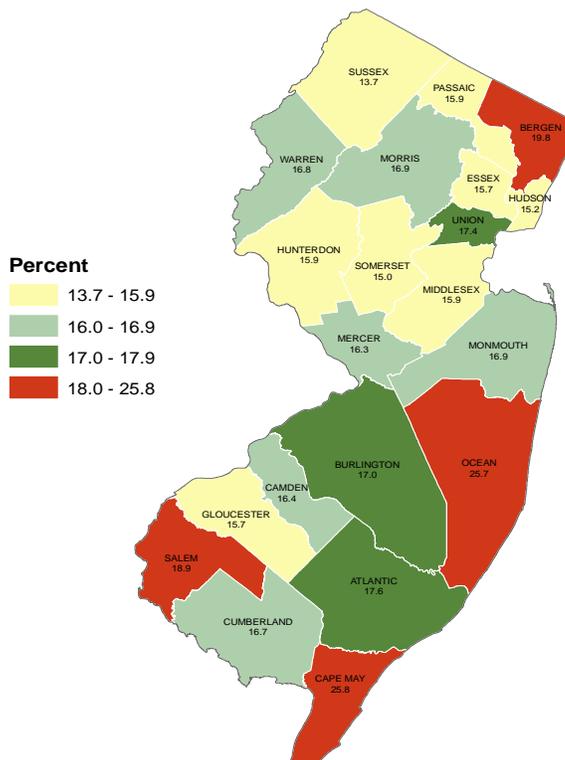
“Every year for the next 20 years, 50,000 people in New Jersey will turn 60.”⁴
Dr. Fred Jacobs, Commissioner, New Jersey Department of Health and Senior Services

New Jersey senior citizens are living longer and are more diverse today than ever before. Our challenge, both as community leaders and as aging individuals ourselves, is to actively help seniors practice healthy behaviors.

New Jersey ranks 9th in the nation in the number of seniors aged 65 or older. It is the nation’s most densely populated state (at 1,134 persons per square mile) and is also one of the three most ethnically diverse states in the nation, with more than one in four persons speaking a language other than English at home. Today, nearly one in five older New Jerseyans is either African-American, Latino or Asian. Disparity in health status is evidenced by the 16-year difference in healthy life expectancy at birth between white females (69.6 years) and African-American males (53.9 years).⁵

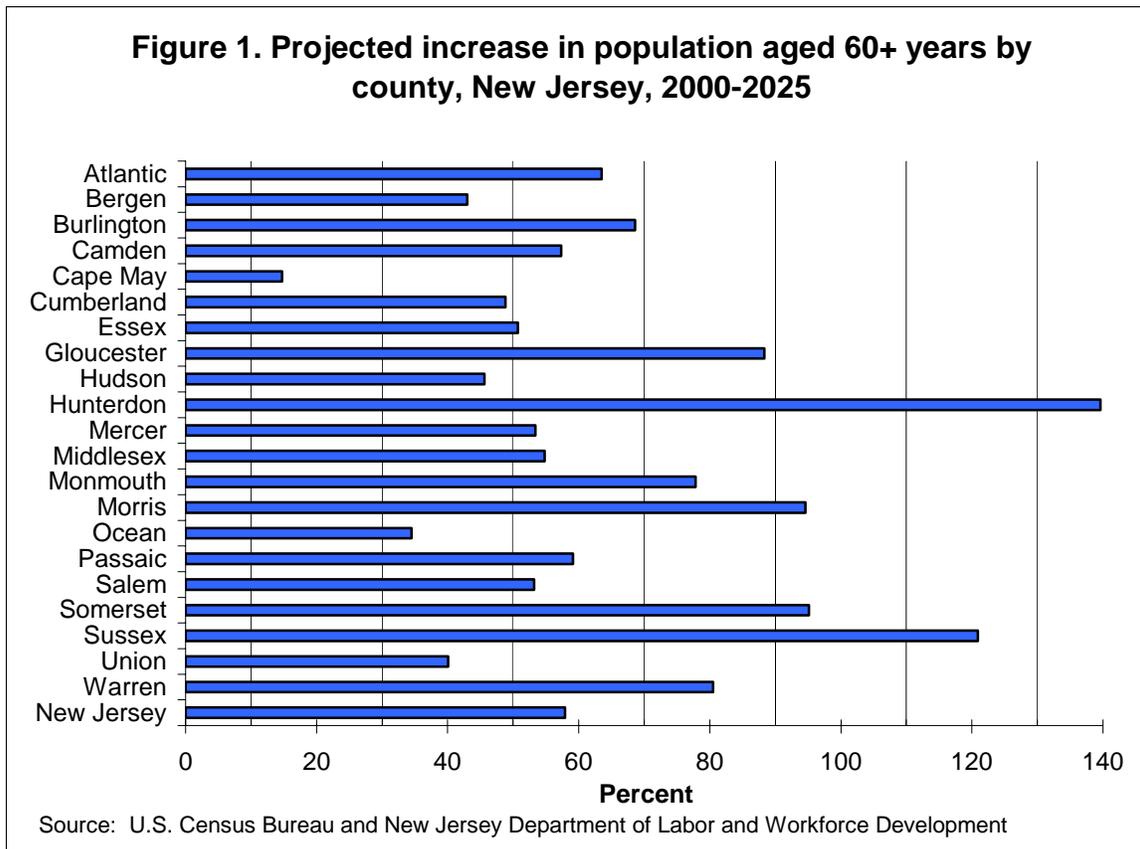
NJ OLDER ADULT POPULATION

Map 1. Proportion of county population aged 60 years and over in New Jersey, 2003



Source: National Center for Health Statistics and U.S. Census Bureau

In 2000, 17.2% of New Jersey’s population was over age 60. Seniors are expected to make up 25.7% of our state’s population by the year 2030.³



Health care spending, currently estimated at \$735 billion a year in the United States, is expected to increase by 25% by 2030, due in large part to the anticipated care needs of senior citizens.⁷ The U.S. spends more on health care than any other country in the world,⁶ and 95% of health care spending for older adults is attributed to chronic conditions.⁸ The cost of providing care to seniors is three to five times greater than the cost of providing care to younger people, and the cost for seniors from racial and ethnic minority populations is even higher due to disparities in both health care and health status.

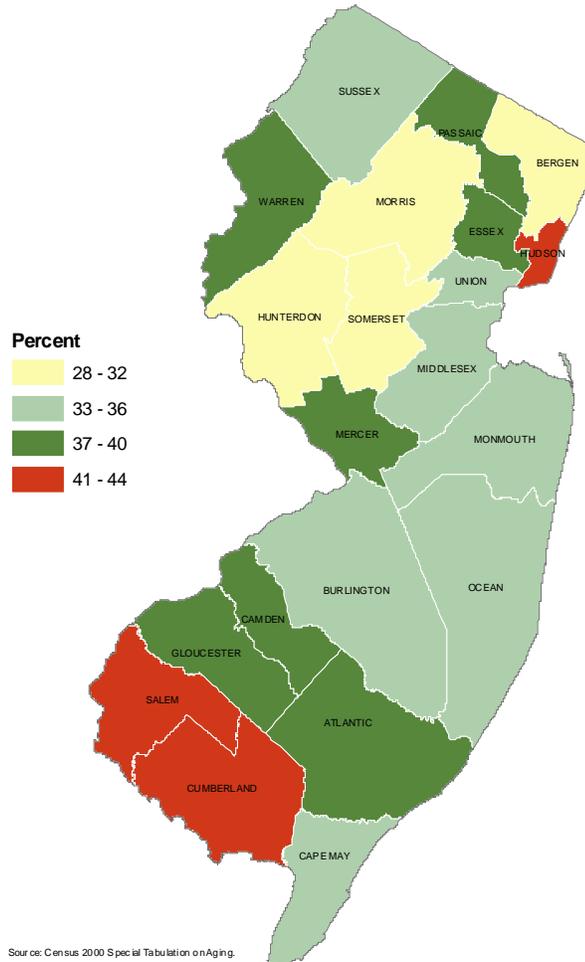
In New Jersey, the average per capita personal health care expenditures (\$4,418) are significantly higher than the U.S. average (\$4,026).² The leading causes of death in New Jersey, as in the U.S., are heart disease, cancer and stroke. For older New Jerseyans, the next leading causes of death are diabetes, influenza, pneumonia and unintentional injuries.⁹

With older age, people are increasingly likely to have more than one type of disability; physical disability is more widespread than other types of disabilities. Approximately 36% of older New Jerseyans age 60 and over claim a disability. The prevalence of disability increases substantially with age reaching nearly 68% for seniors age 85 and older.³ New Jersey seniors

diagnosed with chronic illness experience up to two times as many disability days as those who do not report chronic conditions.¹⁰

DISABILITY

Percentage of civilian non-institutionalized population aged 60+ years with any disability, New Jersey, 2000



Most chronic conditions are not a natural part of the aging process; these conditions are preventable, treatable or manageable through healthy behaviors. Research has shown that information on healthy practices leading to chronic disease self management has powerful effects on health and quality of life.

While many seniors are aware of and intend to practice healthy behaviors, more than half say they are not always able to practice healthy behaviors, citing lack of motivation, money, time or access as major barriers.¹¹

Older adults need help in getting started, as well as in maintaining healthy lifestyle choices. Increasing individuals' knowledge about healthy choices, providing social support and policies that foster healthy habits, creating incentives to motivate older adults, and expanding access to effective programs are all strategies that can improve older adult quality of life.

Research shows that people who make healthy lifestyle choices can reap benefits throughout their lifetime, even into advanced old age.

Chronic diseases such as arthritis, heart disease, some cancers, stroke and diabetes can be prevented, delayed or managed by making healthier choices.¹² People who are physically active, eat a healthy diet, do not use tobacco, and follow recommended screening guidelines reduce their risk for chronic disease. They also have half the rate of disability of those who do not practice healthy behaviors.



“At age 95, I still play both tennis and golf. I believe keeping active is one of the most important keys to continued good health,”
Myra, age 95, Bedford.
(Burlington County)



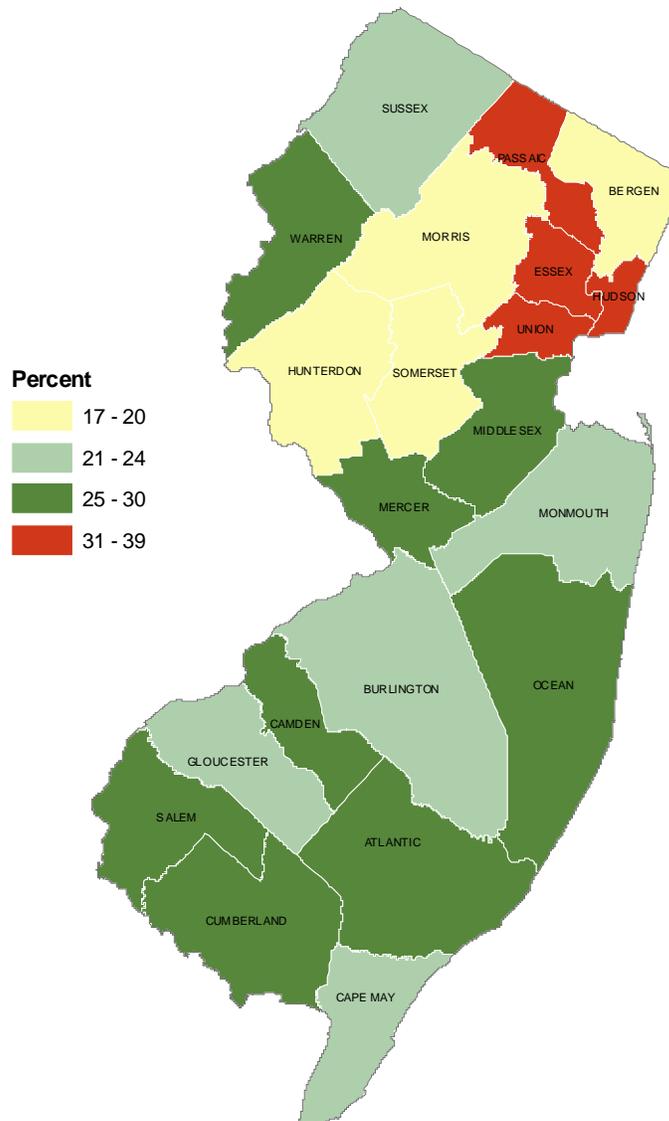
“I enjoy assisting seniors like myself in learning how to enhance our daily lives,”
Carolyn, age 58, peer leader for the Chronic Disease Self-Management Program, trained by the New Jersey Institute for Successful Aging.
(Camden County)

In New Jersey, several factors affect older adults' report of health status, including their income level, educational attainment, their race or ethnicity, and their physical and mental health.

- ❖ **HEALTHY NEW JERSEY 2010 OBJECTIVE:** Reduce the percentage of persons age 65+ reporting fair or poor health status to 19.4%.¹³

POOR HEALTH STATUS

Percentage of persons aged 60+ years reporting fair or poor health status,
New Jersey BRFSS weighted data, 2003-2005



Relatively small investments in programs that support senior citizens in making healthier choices can yield powerful benefits for our nation's seniors and for society as a whole.

There is a significant and growing body of scientific evidence documenting the benefits of healthy behaviors. This research has validated the effectiveness of community-based model programs, including those highlighted in this Blueprint, that are available for local replication.

Many model programs include comprehensive toolkits that include step-by-step instructions for setting up and running the program, program materials, an explanation of the evidence that supports the program's effectiveness, guidelines on preparing an organization to implement the program, and methods for developing effective partnerships to sustain program efforts.¹⁴ These programs are frequently delivered by trained peer leaders and are very inexpensive to replicate.

Robert, a retired teacher, had a heart attack at age 48. His doctor told him he should not exercise or participate in vigorous activities. So, Robert did just that: "I stopped coaching youth soccer and stopped exercising. I'm recovering from recent open-heart surgery and I believe years of inactivity contributed to my poor health. Now I'm walking everyday and feeling better than I have in years." Robert, age 79, Hamburg. (Sussex County)

"I don't use medications, I walk every morning, I dance, I write a column for our local newspaper and I feel great!" says June, a volunteer leader for physical activity programs. She also conducts the Bayonne Senior Orchestra. June, age 70+, Bayonne. (Hudson County)

“Physical activity, a healthy diet and not smoking can reduce the risk for chronic disease and delay the onset of disability by 7-10 years.”²

TIPS FOR IMPLEMENTING SUCCESSFUL SENIOR PROGRAMS¹⁵

- Seniors want to maintain their independence and need the opportunity and encouragement to practice healthy behaviors.
- Seniors need help in getting started and in maintaining their physical activities and healthy eating practices.
- Reminders and peer support are effective in encouraging older adults to maintain healthy behaviors.
- Senior-friendly programs and facilities make older adults feel welcome and valued.
- Seniors want options and a say in how, when, and where they receive services.

The Council of State Governments identifies six specific actions senior citizens can take to promote wellness and prevent chronic disease:¹⁶

1. Avoid tobacco use and secondhand smoke
2. Eat healthy foods
3. Stay physically active
4. Control blood pressure and cholesterol
5. Get appropriate health screenings
6. Avoid risky behaviors

PHYSICAL ACTIVITY

“Physical activity is the closest thing we have to a magic bullet. Everything that gets worse as we get older gets better with exercise.”

Dr. I-Min Lee, Harvard Medical School¹⁷

There is no single drug that can match the overall health benefit of physical activity.¹⁷ Regular physical activity lowers the risk of premature death, high blood pressure, diabetes, some types of cancer and the risk of falls and fractures. People who are physically active have less depression, are better able to control their weight and report higher levels of well-being. Regular physical activity is also the strongest predictor for how fast someone will recover from an injury.¹⁸

Even in advanced old age, people who have never exercised can become physically fit, have better function, and live longer. Although incidence of chronic illness and disability increases as we age, regular physical activity can help seniors live actively and independently and reduce disability. Exercising just once or twice a week can extend longevity. Even occasional exercise has been found to reduce the risk of death by as much as 28%.¹⁹

The Cost Benefit of Physical Activity

Regular physical activity significantly improves overall health outcomes in the Medicare population. Physically active people have lower health care costs than people who do not exercise. If all older adults were to engage in even moderate physical activity, medical costs in the United States could be reduced by as much as \$76.6 billion per year.²⁰

In New Jersey, despite efforts at the local, state and federal levels to encourage exercise, nearly 32% of older adults report participating in no physical activity.²¹



“Not only does exercise help your body, but the social interaction helps your brain and mental outlook. I take Healthy Bones and deep water exercises twice a week for my arthritis, osteopenia and heart problems.”
Arlene, age 67, Warren.
(Somerset County)

Falls are the leading cause of injury deaths and the most common cause of injuries among seniors. More than one third of adults age 65 years and older fall each year. Injuries received from a fall can result in disability, nursing-home admission, increased medical costs, or death. Nearly a quarter of people over age 50 who have a hip fracture die within a year of that injury.²² In 2000, osteoporosis caused 36,630 bone fractures in New Jersey residents, at a cost of \$496 million.²³

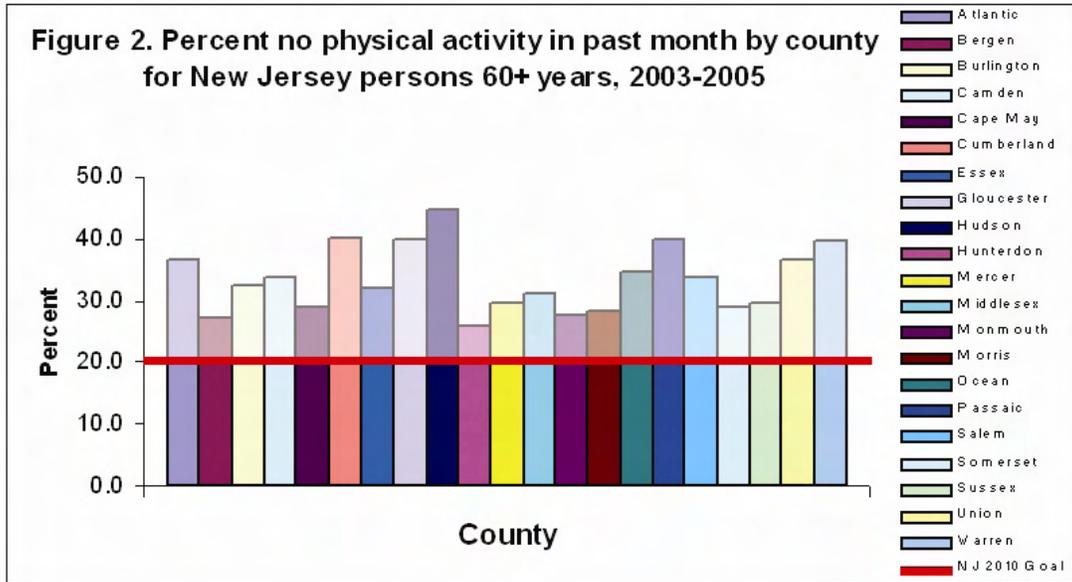
One of the most successful strategies in preventing and reducing falls is strength, balance and flexibility exercise, which can reduce fall risk.²⁴

“I experienced poor balance. I joined an exercise group and now I climb stairs rather than use the elevator. My balance is significantly improved and now I can climb a ladder to perform jobs around my home.”
Lois, age 76, Wayne. (Passaic County)

“I love going to the strength training program at Campbell Center. It makes me feel better and keeps me motivated to do the things I like to do.”
Mahala, age 87, Pilesgrove. (Salem County)

- ❖ **HEALTHY NEW JERSEY 2010 for older adults age 65 and older (Proposed):**
Reduce the percentage of persons age 65 and older who participated in no physical activity at all during the past month to 20 percent.¹³

Note: This proposed objective will match the US Healthy 2010 objective: “No more than 20% of adults aged 18 years or older will engage in no leisure-time physical activity (defined as never does light, moderate, or vigorous physical activity for at least 10 minutes) in the last month.” According to The State of Aging and Health in America, 2007, “ZERO STATES, INCLUDING NEW JERSEY, met the U.S. 2010 objective regarding no leisure time physical activity in past month.”²⁵



*“I have high blood pressure and I’m overweight. Since participating in Project Healthy Bones, I am more aware of my posture and I have more energy and flexibility than before.” Betsy, age 65, Flemington.
(Hunterdon County).*

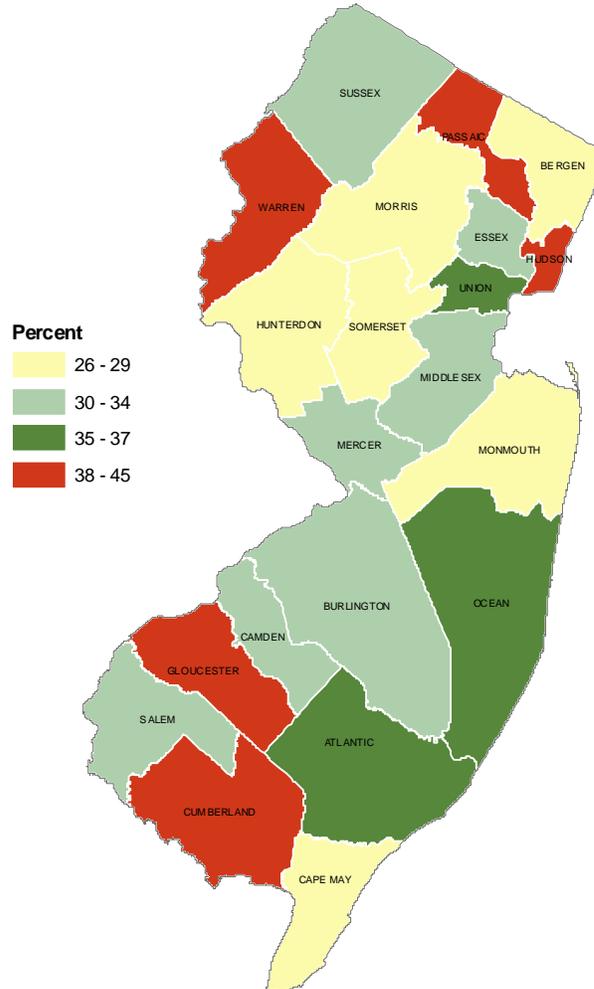
*“I am 88 years young, and I have never felt as good as I do now. The Navigating Wellness Program, has helped me get back on track with my walking program,”
Rita, age 88, Margate.
(Atlantic County)*

Call to Action

- Develop an infrastructure to support a variety of physical activity programs that allow older adults to work at their own pace; interact with role models and peer leaders; and practice new skills in a comfortable environment.
- Provide low-cost model programs in places seniors can access easily (senior centers, nutrition sites, YMCAs, faith-based organizations, senior housing, assisted living facilities).
- Provide transportation to local sites at times that are convenient for seniors.

NO LEISURE TIME PHYSICAL ACTIVITY

Percentage of persons aged 60+ years who did not participate in leisure time physical activity during the past month, New Jersey BRFSS weighted data, 2003-2005



GOOD NUTRITION

Nutrition is a key determinant of successful aging, the prevention or delay of chronic disease and disease-related disability, the treatment and management of chronic disease and overall quality of life.²⁶

Maintaining a healthy weight can be challenging for seniors. Like many other New Jersey residents, seniors may be overweight or obese. Others may be frail or have chronic conditions that can result in them being underweight.

An estimated 4 million older adults in the U.S. suffer from food insecurity, or the inability to afford, prepare or gain access to food.²⁷ Older adults need an adequate variety of nutrients to reduce the risk of heart disease, bone fractures, diabetes, and other conditions.²⁸

“Maintaining a healthy weight can lower risk of disease and disease-related disability, maximize high mental and physical function, and prolong active engagement with life.” Increased access to food and nutrition services can provide older adults with a wider variety of food and nutrition services that support health, independence and well-being.²⁹



“I have diabetes and arthritis. I enjoy the great meals at the JCC Metrowest nutrition program. I think I look younger than most people my age!” Ashley, age 85, West Orange. (Essex County)

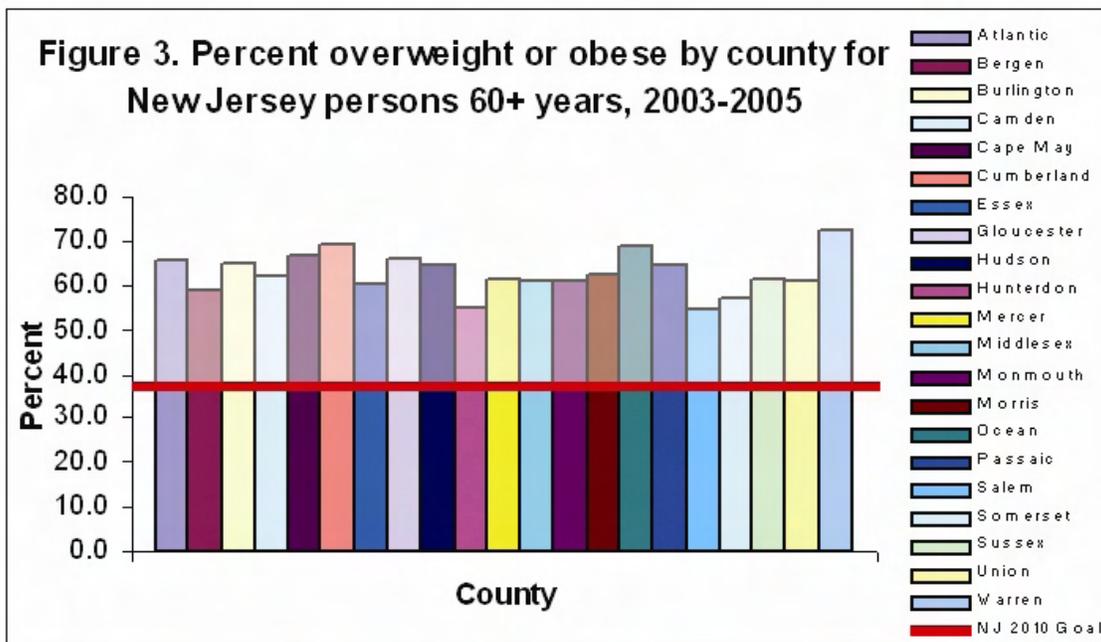
OBESITY

Obesity consistently ranks second behind smoking as the leading risk factor for premature death.³⁰ During the past 20 years there has been a dramatic increase in obesity among all age groups. The adverse effects of obesity on health are well-documented, but most efforts to reduce obesity focus on children and young adults. The effects of obesity on the health of older adults and its impact on the rates of chronic disease, including cardiovascular disease, stroke, diabetes, many cancers and Alzheimer’s disease, and the related costs of health care have received relatively little consideration.²⁹ Fruit and vegetable consumption have been shown to reduce obesity and lower cardiovascular and cancer risk.²⁵

The Cost Benefit of Good Nutrition

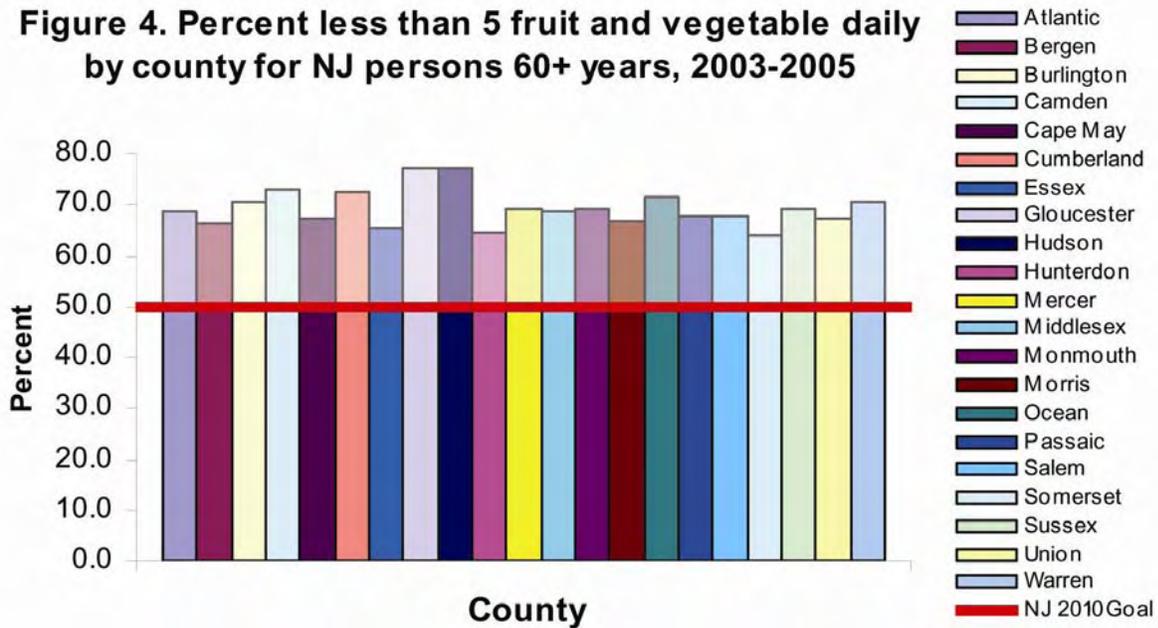
The health care expenditures associated with obesity are estimated to be between \$26-75 billion annually, with Medicaid and Medicare paying almost one half of these costs.³¹ Inpatient and outpatient expenditures for older adults who are obese are 36% higher than for older adults who are within a normal weight range.³¹ In addition, medication costs for disease management are 77% higher for older adults who are obese, compared to older adults with normal weight.³²

- ❖ **HEALTHY NEW JERSEY 2010 OBJECTIVES:** Reduce the percentage of persons aged 18 and older who are overweight but not obese to 25%, and reduce the percentage of persons aged 18 and older who are obese to 12%.¹³



- ❖ **HEALTHY NEW JERSEY 2010 OBJECTIVE:** Increase the percentage of persons aged 18 and older eating at least five daily servings of fruits and vegetables (including legumes) to 50%.¹³

Figure 4. Percent less than 5 fruit and vegetable daily by county for NJ persons 60+ years, 2003-2005



“I enjoy quilting, sewing, knitting and fishing. Eating natural, healthy foods and exercising to improve my balance keeps me healthy and I do volunteer service in my spare time.” Thelma, age 90 Manahawkin. (Ocean County)





*“Now I’m more conscious of what I’m eating and the importance of taking care of myself.” Ann, age 77.
(Cape May County)*

*“As a breast cancer survivor with osteopenia, elevated cholesterol and arthritis, I am aware how eating habits and lifestyle can impact my long-term health,” Ann, age 64, Hope.
(Warren County)*



Nutrition programs for older adults provide an important link to other supportive in-home and community-based services. In a recent national study, 80% of communities have programs providing home-delivered meals for the elderly, but just 25% provide nutrition education.²⁷

Call to Action²⁹

- Assure adequate food and nutrition services for at risk individuals and support older adult health, independence and well-being, including:
 - Home-delivered and congregate meals;
 - Integration of nutrition education, physical activity and health screening programs; and
 - Food purchasing assistance programs.
- Support seniors in their efforts to make healthier food choices. Even a modest weight loss can make a difference in managing cardiovascular disease, arthritis, and diabetes.
- Encourage local providers to develop menus that reflect the cultural preferences of the older adults in the community.
- Expand transportation services to local nutrition sites.

HEALTH SCREENINGS AND VACCINATIONS

Early screening for and diagnosis of disease can significantly improve an individual's chances of survival, however, persons 65 years of age and older continue to have lower screening rates compared to adults of all ages.

Taking preventive health measures is the first step in maintaining and improving one's health. Yet, in the United States, only 1 in 10 older adults are up-to-date on recommended clinical preventive services such as health screening and immunization.³³

Early detection and better self management are key strategies for preventing chronic disease. Annual examinations allow doctors to diagnose potential health problems, such as high blood pressure, high cholesterol, and cancer. Health screenings help older adults learn about their risk factors and encourage them to make lifestyle changes to reduce their risk and help them stay healthy.³⁴ Without routine exams, these conditions often remain undiagnosed and untreated.

According to the U.S. Preventive Services Task Force, the most effective preventive services for older adults include smoking cessation counseling, vision impairment screening, colorectal cancer screening and flu shots for those over age 65.³⁵

Medicare-Covered Preventive Services & Screenings:

- Free, one-time “Welcome To Medicare” preventive physical exam within six months of enrolling in Medicare Part B. The exam includes a thorough review of your health, education and counseling about the preventive services you need, like certain screenings and shots, and referrals for other care.
- Cardiovascular screenings to check blood pressure, cholesterol and other blood fat (lipid) levels.
- Breast Cancer Screening (Mammograms)
- Cervical and Vaginal Cancer Screenings (Pap Test & Pelvic Exam)
- Colon Cancer Screening
- Prostate Cancer Screening (PSA)
- Diabetes Screening (Fasting Plasma Glucose Test)
- Glaucoma Vision Tests
- Bone Mass Measurements (Osteoporosis)
- Influenza Vaccination (Flu shot)
- Pneumococcal Vaccination (Pneumonia shot)
- Hepatitis B Vaccination (Hepatitis B shots)

For more information on Medicare Preventive Services, visit www.medicare.gov

Cost Benefit of Preventive Screenings and Immunizations

Preventing and controlling chronic disease and related cost depends on early screening for risk of chronic disease. An estimated one in four U.S. adults have high blood pressure, but nearly one-third of them remain unaware that they have the disease.³⁶ Routine screenings are critical in identifying high blood pressure so that individuals and their health care providers can evaluate their risk for disease and discuss strategies to address that risk.

“After a stroke three years ago, I could not fully participate in the world. Now I keep track of my blood pressure, glucose levels and weight to share with my doctor by computer,” Shirley, age 31, Spring Lake Heights. (Monmouth County)



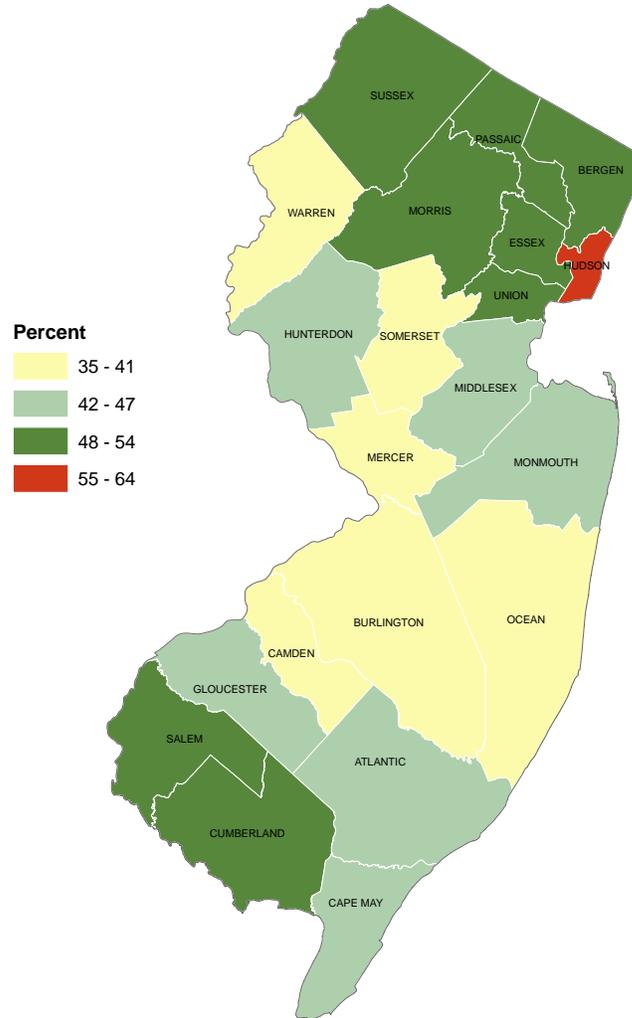
“I was glad to get my screening and test results the same day. I now know I must speak to my physician about my cholesterol levels. Having so many screenings in one place was a big help,” Joyce, age 60+, Ramsey. (Bergen County)

“Between healthy cooking classes and exercising, I was able to bring my cholesterol down from 200 to 175,” Marge, age 64, Hamilton. (Mercer County)

- ❖ **HEALTHY NEW JERSEY 2010 OBJECTIVE:** Reduce the percentage of persons aged 65 and older who have never received a pneumococcal vaccine to 10%.¹³

PNEUMOCOCCAL VACCINATION

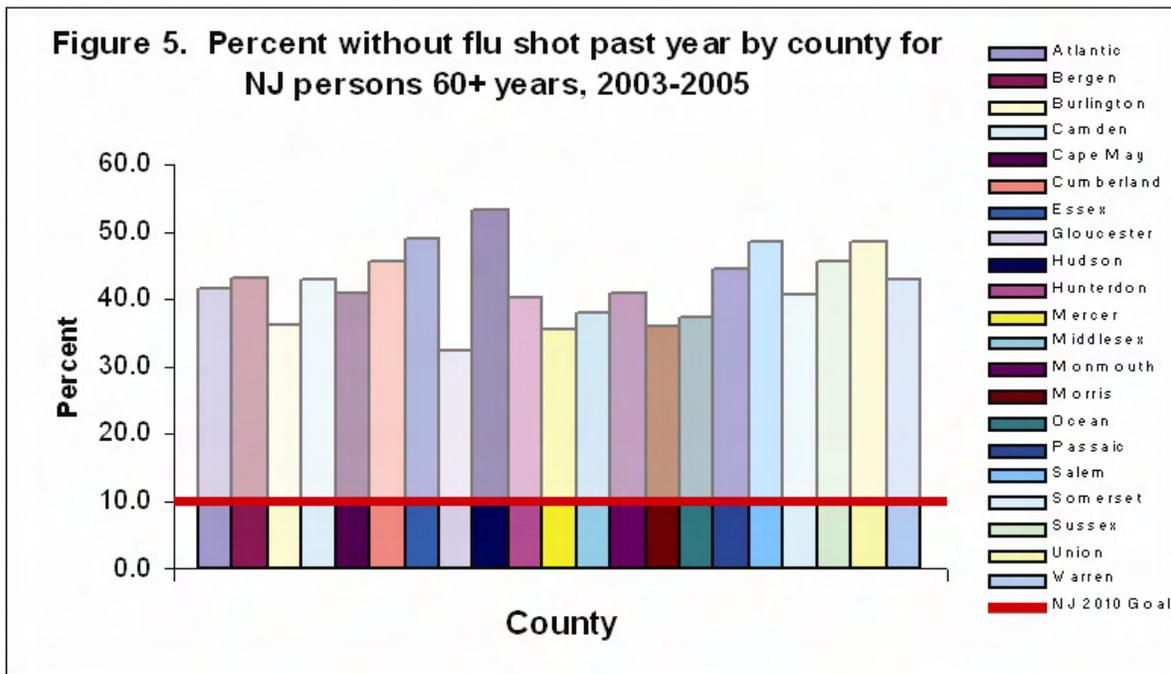
Percentage of persons aged 60+ years who did not receive pneumococcal vaccinations
New Jersey BRFSS weighted data, 2003-2005



Note: Pneumococcal vaccination is recommended for all persons age 65 and older. This vaccination is recommended for individuals under age 65 if they have a disease or condition that lowers the body's resistance to infection (Centers for Disease Control and Prevention).

Pneumococcal pneumonia and complications from influenza are the sixth leading cause of death for older adults. Nationally, over 60,000 seniors die each year from these vaccine preventable diseases. Compared to seniors nationwide, fewer New Jerseyans get vaccinated to protect themselves against flu and pneumonia. In 2005, just 63.4% of New Jersey seniors got a flu shot.³⁷

HEALTHY NEW JERSEY 2010 OBJECTIVE: Reduce the percentage of persons 65 and older who have not received influenza vaccinations in the previous 12 months to 10%.¹³

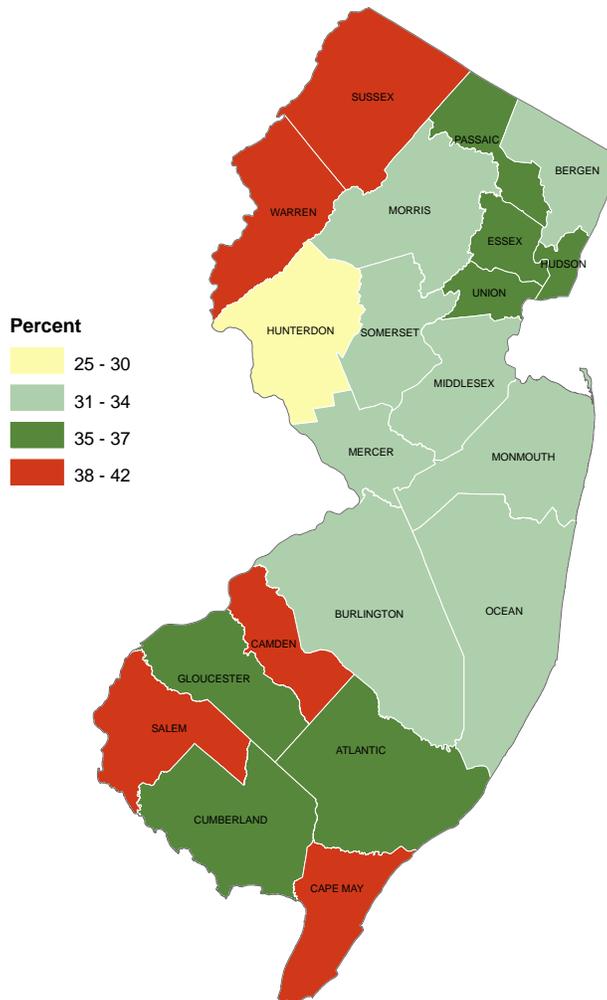


Among women, breast cancer is the most frequently diagnosed form of cancer. When detected at the localized stages, the five-year survival rate for women with breast cancer is now 97%.³⁸ New Jersey's cancer incidence rates are among the highest in the nation, but older women in the state have fewer mammograms, and both men and women have fewer colonoscopies or sigmoidoscopies to detect colorectal cancer than the national average.³⁹

- ❖ **HEALTHY NEW JERSEY 2010 OBJECTIVE:** Reduce the percentage of females aged 65 and over who have not received a clinical breast examination and a mammogram within the past two years to 15%.¹³

MAMMOGRAPHY

Percentage of women aged 60+ years who did not have a mammogram within the past two years, New Jersey BRFSS weighted data, 2003-2005



Call to Action

- Partner with local providers to broaden access for seniors to Medicare-Covered Preventative Services & Screenings.
- Increase utilization of preventive screenings by educating older adults about the value of early screening to prevent, diagnose and treat chronic disease.
- Coordinate and offer an array of screening services for older adults that can be done in a single visit or location.
- Utilize health screenings as an opportunity to educate older adults about health issues.



Coordinated Screening event, Hackensack. (Bergen County)

MENTAL HEALTH/SOCIALIZATION

“Major depression is second only to ...heart disease in magnitude of disease burden.”⁴⁰

Mental Health: A Report of the U.S. Surgeon General

Depression is not a normal part of aging. Loneliness, isolation, limited resources and physical disabilities do, however, increase the risk of depression in older adults.⁴¹

Depression is under-recognized and under-treated. The symptoms of depression are often masked or hidden by the presence of other chronic diseases. Because many seniors face multiple chronic diseases, as well as various social and economic difficulties, health care professionals may not recognize depression or may mistakenly conclude that “feeling sad” is a normal consequence of these problems.

- One in four seniors has a significant mental disorder. Among the most common mental health problems are depression, anxiety disorders and dementia.
- Older adults often have untreated or inadequately treated mental conditions that could benefit from diagnosis and treatment. Current prevention services for older adults are extremely limited both from a substance abuse and a mental health perspective.
- Older adults with depression can be helped through counseling and medication, and they have the same rate of recovery as younger people.⁴¹

There is a strong connection between healthy behaviors and good mental health. People who participate regularly in physical activity and who maintain ongoing social activities are more likely to experience improved health and fewer symptoms of depression.⁴¹ Mind and body wellness courses also reduce depression and anxiety by providing individuals with strategies for relaxation, problem solving, and the opportunity to talk with someone about problems.⁴⁸

“Keeping our minds, bodies and spirits in good operating condition is important. You’re never too old to take the right steps for good health and having fun.” Leslie, age 60, Happy Tappers, Flemington. (Hunterdon County)

“One has to develop a positive disposition, optimistic attitude and manner of life and the rest just follows naturally. Suddenly, I discovered that I had an ability to write and that revelation enriched my life!” Phyllis, age 102-1/2, South Orange. (Essex County)

The Cost Benefit of Preventing Mental Illness

Mental health and substance abuse problems among the elderly are associated with increased health care utilization and significant health care expenditures. New Jersey spends more than 46 other states for in-patient mental health services, spending nearly \$1,100 per day.⁷

Seniors who live with mental illness are more likely than other seniors to have physical problems and stay sick longer. People with depression, for example, are more likely to have strokes, heart problems and need early nursing care. Untreated depression can delay recovery from, or worsen the outcome of other illnesses.⁴² Effective mental health services that address issues such as loneliness, isolation, health-related limitations in function and limited resources can offset these costs.⁴³

The rate of suicide in New Jersey rises significantly after age 65, with older adults accounting for 17% of all suicide deaths. Risk factors for suicide among the elderly include a higher prevalence of depression, greater social isolation, and the presence of illness or physical impairment.⁴⁴ An indicator of social isolation is living arrangements, and in New Jersey, 31% of women and 15% of men over age 60 live alone.³ In addition, 41% of women and 13% of men age 60 or older are widowed.³

In January 2006, Governor Corzine established the New Jersey Elderly Person Suicide Prevention Advisory Council. The purpose of the Council is to examine the need for services for elderly persons at risk of suicide and make recommendations to the Department of Health and Senior Services to help reduce the incidence of suicide among the elderly.

The impact of poor mental health is greatest in the elderly, especially those with chronic diseases and those living in poverty.¹⁰ Anxiety, depression and physical illness in older adults often co-exist resulting in poorer mental health status.⁴²

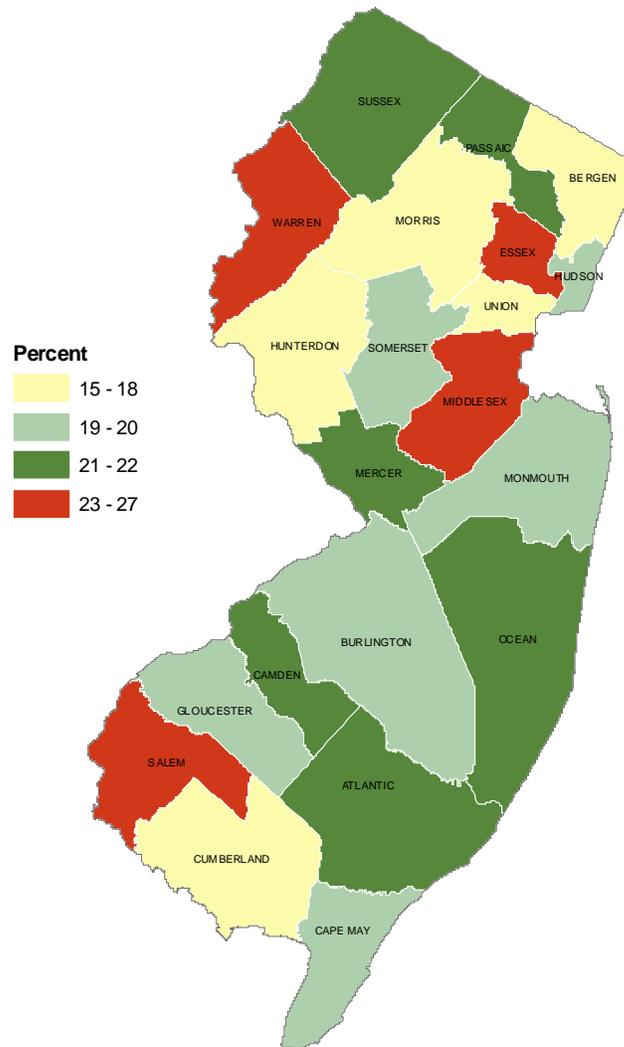


“I live alone and have no family left. I recently had surgery and chemo and stayed in my home where I felt secure. A neighbor recommended that I join a senior center. I had so much fun that now I go 4 days a week. I never realized how isolated I was,” Agnes, age 61, Bridgewater. (Somerset County)

- ❖ **HEALTHY NEW JERSEY 2010 OBJECT:** Reduce the average number of days during the past thirty days when mental health was reported to be poor to 1.5 for adults age 65 and older.¹³

POOR MENTAL HEALTH

Percentage of persons aged 60+ years reporting poor mental health during the past month, New Jersey BRFSS weighted data, 2003-2005



Call to Action⁴³

- Partner with providers of health and aging services to provide depression screening services for older adults in your community.
- Partner with local chambers of commerce and other organizations to provide pre-retirement counseling that includes information about older adult services, volunteer opportunities, and how to cope with depression, loneliness, and loss.
- Identify opportunities to reduce the stigma of mental illness that keeps many seniors from seeking treatment for mental illnesses.
- Educate practitioners, providers of health and aging services, and seniors about depression and substance abuse and misuse, and how these are risk factors for falls and injury, chronic disease and suicide.
- Ensure access to a support and referral system that recognizes the unique needs of older adults.
- Provide mental health programs, self-help and peer-led support groups specifically for seniors to foster a sense of belonging and promote socialization.
- Expand volunteer opportunities for seniors and help them engage in meaningful activities.

SUBSTANCE ABUSE

“Substance abuse, particularly of alcohol and prescription drugs, among adults 60 and older is one of the fastest growing health problems facing the country.”⁴²

An estimated one in five older Americans (19%) may be affected by combined alcohol and medication misuse.”⁴⁵

Older adults consume between two to six prescription medications and between one and three over-the-counter medications every day. The volume and complexities of this use can lead to negative drug interactions and to drug misuse and abuse. Older adults often feel shame about use and misuse of alcohol and tobacco. They are often reluctant to seek professional help for what they see as a private matter. In addition, health care providers frequently overlook or fail to identify substance abuse and misuse among older patients. In addition, seniors (and their families) are more likely to hide their substance abuse and less likely to seek help than younger adults.⁴¹

The Cost Benefit of Reducing Substance Abuse

Tobacco is the leading preventable cause of death and disease in the United States. One in five deaths can be linked to smoking. Smoking significantly increases the risk of cancer, heart disease and osteoporosis. Smoking causes about 90% of lung cancer deaths in men and almost 80% in women.⁴⁶ Compared to nonsmokers, male smokers are about 23 times and female smokers about 13 times more likely to develop lung cancer. From 1997 to 2001, cigarette smoking among all ages was estimated to be responsible for \$167 billion in annual health-related economic losses in the United States (\$75 billion in direct medical costs, and \$92 billion in lost productivity).⁴⁷

Individuals with alcohol disorders are among the highest users of medical care in the United States. Untreated alcohol or drug-dependent older adults use health care services and incur costs double that of persons their age and gender who do not use alcohol or drugs.⁴¹ Between 1995 and 2002, the number of substance abuse treatment admissions among people age 55 and older increased by 32%, from 50,200 to 66,500 admissions. This increase outpaced the total treatment population increase of 12% during the same period.⁴⁸ The total cost of alcohol abuse and dependence for all ages is estimated at over \$100 billion per year. There is a high rate of co-occurring mental health and substance abuse found among older adults. About one fifth of older adults receiving psychiatric outpatient services were found to have a substance abuse problem.⁴¹

According to the New Jersey Substance Abuse Monitoring System, older adults in the state are under-represented in the treatment system. Of those individuals age 60 or older who receive treatment, 80% are treated for alcohol abuse and 20% are treated for drug abuse. Nationally, about 45% of older adults reported drinking alcohol in the past month; 12.2% reported binge drinking and 3.2% reported heavy alcohol use (6 or more drinks per day).³⁸

Diagnosis may be difficult because symptoms of substance abuse in older individuals sometimes mimic symptoms of other medical and behavioral disorders common among this population, such as diabetes, dementia, and depression.



“I see seniors who don’t take their medications properly, or they may misuse alcohol. They become confused and don’t eat properly and providers don’t recognize that many of their problems are related to addiction,”
Joyce, age 61, Newark.
(Essex County)

- ❖ **HEALTHY NEW JERSEY 2010 OBJECTIVE:** Decrease the percentage of persons aged 65 and over who consumed five or more alcoholic drinks per occasion (binge drinking), one or more times during the past month to 7%.¹³

BRFSS 2003-2005 data indicates about 4% of older adults in New Jersey reported binge drinking.

SIGNS AND SYMPTOMS OF ALCOHOL PROBLEMS IN OLDER ADULTS⁴²

Physical Signs	Expressive Signs	Social Signs
Blackouts, dizziness	Anxiety	Family problems
Seizures	Depression	Financial problems
Falls, bruises, burns	Disorientation	Legal difficulties
Unusual response to medications	Mood swings	Social isolation
Increased tolerance to alcohol	Problems in decision-making	Poor hygiene
Headaches	Sleep problems	
Incontinence	Memory loss	

Call to Action

- Support community programs that promote early identification of people at risk for substance abuse or mental health needs.
- Offer age-appropriate programs on medication misuse, drug interaction, alcohol abuse, and safe driving strategies for older adults.
- Identify opportunities to reduce the stigma of alcohol abuse or medication misuse that keeps many seniors from seeking treatment.
- Partner with the county-based Prevention Network and Municipal Alliance programs to ensure access for older adults to alcohol interventions. (For more information contact the New Jersey Prevention Network at 732-367-0611, or visit <http://www.njpn.org>).
- Link at risk older adults with medical services, services for the aging, and referral for alcohol and drug-related treatment and/or case management.