

Chronic Conditions and Texas' Aging Population

SUMMARY

Like the overall aging population, the aging population in Texas is growing, both in total number and as a percentage of the state's overall population. People 65 and older have high rates of chronic conditions and addressing the health needs of people with chronic conditions is already a significant burden on the state's budget and service infrastructure. The growing older population, as well as longer lifespans for all people, will exacerbate this problem over the next three decades. The amount of older adults age 65 and older in the U.S. is expected to increase from 43 million in 2012 to 84 million in 2050.¹ In Texas the number of adults 65 and older is expected to reach 9.4 million in 2050.²

Reducing the incidence and progression of chronic conditions is critical. However, the current prevalence of risk factors for chronic conditions suggests more work is needed to educate Texans and help them adopt lifestyle changes associated with prevention.

Texas must also address the shortages of primary care and geriatric providers that will be needed to ensure older adults receive timely care to prevent and treat chronic conditions. The increasing diversity among older adults, combined with differences in rates of chronic conditions and underlying risk factors by racial and ethnic groups, point to the importance of addressing disparities in the health care system and ensuring prevention efforts are culturally relevant.

CURRENT TRENDS AND FUTURE IMPLICATIONS: GROWTH IN THE AGING

The U.S. Population

In 2012, about 43 million people in the United States were 65 or older; this number is expected to almost double to about 84 million by 2050.¹ The proportion of the overall population of people 65 and older is also projected to increase from almost 14 percent in 2012 to about 21 percent in 2050. Within the older population, the "oldest old" (85+) age group is projected to triple from 2012 to 2050 (from about 6 million to about 18 million), and will comprise 4.5 percent of the overall population in 2050, as compared to 2.5 percent in 2012. This older adult population will also be significantly more racially and ethnically diverse, with the non-white portion increasing from almost 21 percent in 2012 to

about 39 percent in 2050. Additionally, life expectancy is expected to increase for the 65 and older population, including those 85 and older.

The Texas Population

Similar trends are projected for Texas. The population 65 and older, which is growing faster than the overall state population, is expected to more than triple between 2010 and 2050; from 2.6 million to 9.4 million. This group comprised 11.5 percent of the Texas population in 2014 and is projected to be 17.4 percent of the population in 2050. The 85 and older group is the fastest-growing segment of the older population, projected to more than quadruple between 2010 and 2050: from about 305,000 to 1.6 million.² As with the aging U.S. population, racial and ethnic diversity will increase in Texas' older population. Of the 65 and older population, Hispanics are projected to increase from 20 percent in 2010 to 42 percent by 2050; the "Other" racial/ethnic group (which includes Asians) will increase from three to 11 percent from 2010 to 2050; blacks will increase from eight to 11 percent; and non-Hispanic whites will drop from 68 to 35 percent.^{3,4}

HIGH PREVALENCE AND COSTS OF CHRONIC CONDITIONS

The older population has a high prevalence of chronic conditions, which may be physical (such as heart disease, chronic obstructive pulmonary disease and diabetes) or mental and cognitive (such as depression, mental illness and dementia). Chronic conditions increase the risk for death and contribute to poor functioning, frailty and disability.⁵ Chronic conditions are also a major driver of health care spending, accounting for 75 percent of annual health care expenditures in the state.⁶ Nationally, over 90% of older adults have at least one chronic condition, and 77% have two or more.

In 2014, 18.4 percent of Texans 65 and older had heart disease, 12 percent had COPD, 28.5 percent had some type of cancer, and 25 percent had diabetes.⁷ Heart disease, cancer and COPD were the top three causes of death in Texas in 2013, with stroke and diabetes fifth and seventh, respectively.⁸

In Texas, about 40 percent of Medicare beneficiaries age 65 and older have four or more chronic conditions.¹⁰ Multiple chronic conditions further increase risks, compromise function and complicate treatment.

HIGH PREVALENCE OF AND DIFFICULTY ADDRESSING RISK FACTORS

Older Texans have a high prevalence of multiple risk factors for chronic conditions. In 2007, 58 percent of Texans age 65 and older had high blood pressure, and almost 55 percent had high cholesterol.⁸ In 2014, almost 70 percent of Texans in that age group were overweight or obese, and 7.4 percent smoked cigarettes.⁷ In 2016, the Texas House Public Health Committee found that reducing smoking and obesity offers the greatest opportunity to reduce rates of preventable disease. While tobacco use in Texas is declining, it is still a significant cause of

preventable conditions and mortality. Additionally, obesity rates continue to rise, with obesity among Texas adults doubling between 1995 and 2010.⁶

Some risk factors for chronic physical health conditions are outside our control, but lifestyle choices play a key role in preventing and slowing the progression of chronic conditions. For example, high blood pressure, high cholesterol and overweight/obesity — which underlie many chronic physical health conditions — can be affected by healthy eating and physical activity. Tobacco use is another lifestyle-driven risk factor. However, healthy habits can be a challenge to adopt and consistently maintain, even for those who are educated about their importance. Several studies have shown that many of the largest drivers of health-care costs fall outside of clinical care.¹¹ By one estimate, 20 percent of health is shaped by clinical care (access and quality), 40 percent by social and economic determinants, 30 percent by behavior, and 10 percent by physical environment. The social and economic factors are not only the largest single predictor of health outcomes, but also strongly influence health behaviors, which are the second greatest contributor to health.¹²

ISSUES WITH TEXAS PROVIDER AVAILABILITY

Timely access to primary care is important to addressing chronic disease. This includes early detection and treatment, as well as timely referral to appropriate specialists. People with multiple chronic conditions (a group that drives a significant portion of health expenditures) are less likely to delay needed care and visit the emergency room when they have good access to care.¹³ Texas has a shortage of primary care providers, which is projected to worsen as the population grows. In addition to an overall shortage, Texas also faces a geographic distribution issue, with three out of every four counties designated as whole or partial Primary Care Health Professional Shortage Areas.¹⁴

Although the state has tried to increase the number of primary care physicians, and Texas medical school enrollment grew by almost a third from 2002-11, the number of primary care residency slots has not kept pace. This is important because only half of Texas medical school graduates who leave the state for a residency eventually return to practice, while more than 80 percent who complete their residency in Texas remain in the state to practice. Additionally, the racial and ethnic distribution of the primary care provider supply differs greatly from that of the population.¹⁵ This is relevant as evidence suggests “race-concordant” (same race) provider-patient relationships result in better communication, greater patient satisfaction and patients who are more likely to follow provider recommendations and adhere to treatment regimens.¹⁶ Patients with multiple chronic conditions are less likely to delay needed care and visit the emergency room when they have good communication with their provider.¹³

Another factor in addressing chronic disease in the aging population is access to appropriate geriatric specialty care, including geriatric psychiatrists. Texas currently has about 72 percent of the geriatricians needed to adequately meet current needs.¹⁰ As with primary care providers, the geographic distribution of available geriatricians is uneven,

with worse availability along the Texas-Mexico border as well as in counties without large health facilities.¹⁷

RECOMMENDATIONS

- Continue successful efforts to reduce tobacco usage (such as education and awareness campaigns and local smoking bans); increase support for programs that help smokers quit smoking; and make tobacco-cessation products more accessible.⁶
- Increase education about healthy habits that prevent or minimize progression of chronic conditions, including individualized self- management education for both those with risk factors and those diagnosed with chronic conditions.
- Optimize the physical, social and cultural environments within which people make choices that affect their health, such as by promoting healthier foods in school and workplace cafeterias and by creating opportunities for physical activity.¹⁸
- Improve access to primary and geriatric care by increasing the number of primary care and geriatric residency slots available in Texas. Recruit more primary care physicians and geriatricians to practice in Texas, particularly in underserved areas, through medical education loan repayment and other incentives.¹⁴
- Address racial and ethnic disparities by increasing the diversity of the physician workforce (and thus patient choice of race- concordant relationships) through increased minority recruitment for medical school and residency slots, as well as loan repayment and other physician-recruitment strategies.
- Improve the availability of professional interpreter services for patients with limited English proficiency.
- Improve provider education about racial and ethnic disparities and strategies for addressing them.
- Promote the Texas Healthy Communities Program to help communities assess their environments; implement changes in local environmental and policy infrastructure; adopt priority public health practices to reduce risk factors for chronic diseases; and honor cities that advance best practices for preventing and controlling heart disease, stroke and other chronic diseases.¹⁹
- Use medication therapy management to optimize therapeutic outcomes for patients.²⁰ Medication therapy management describes a broad range of health care services provided by pharmacists, the medication experts on the health-care team. Use pharmacists to educate consumers at the point of sale, which helps extend the reach of the primary care physician between appointments, improves compliance with the

medication regimen, and prevents drug complications or negative interactions between multiple medications that could lead to further problems.

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