

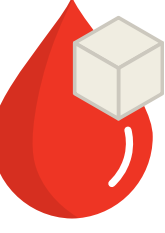



Older Adults (65+): Promoting Health Equity

PRACTICE GUIDE

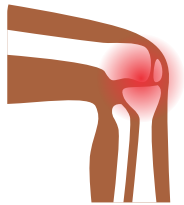
OLDER ADULT HEALTH INEQUITIES DATA

	<p>Alzheimer's Disease & Related Dementia (ADRD)</p> <ul style="list-style-type: none"> • 7th leading cause of death in TN. • 129,200 Tennesseans aged 65+ diagnosed with Alzheimer's (140k expected by 2025). • 18% Tennesseans aged 45+ have subjective cognitive decline (SCL - individuals perception of their cognitive abilities; precursor for ADRD). • Women, all races/ethnicities, are diagnosed 2x more often than men. • Hispanic and African Americans are diagnosed 1.5x and 2x more often than White, non-Hispanic.
	<p>Cardiovascular/Heart Health</p> <ul style="list-style-type: none"> • Diseases of the heart are the leading cause of death in TN. • Nearly 29% of Tennesseans 65+ are affected by heart disease. • 70% of Tennesseans 65+ diagnosed with hypertension. • 27.6% of Tennesseans 65+ reported being told by a health professional that they had angina/coronary heart disease, a heart attack/myocardial infarction, or a stroke. • African Americans are at highest risk.
	<p>Diabetes</p> <ul style="list-style-type: none"> • 8th leading cause of death in TN. • 27.5% of Tennesseans 65+ reported being told by a health professional that they have diabetes (excluding prediabetes and gestational). • Adults who have difficulty with self-care are at a higher risk. • Chronic kidney disease (CKD) is prevalent in about 25% of older adults, often linked to diabetes and hypertension.
	<p>Obesity</p> <ul style="list-style-type: none"> • 33.8% of Tennesseans 65+ have a body mass index (BMI) of 30.0 or higher. • 20.9% of Tennesseans 65+ met the federal physical activity guidelines in the past 30 days. • The association between obesity and mortality risk increases with age.

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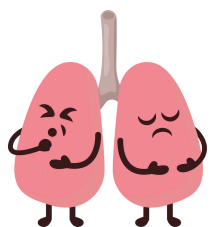
Arthritis & Falls

- 59.7% of Tennesseans 65+ reported ever being told by a health professional that they have some form of arthritis.
- 29.5% of Tennesseans 65+ reporting falls in the last 12 months.
- Falls among older adults can lead to serious injuries, threatening independence and incurring high medical costs.
- Females are at higher risk.



Mental Distress & Suicide

- 11.5% of Tennesseans 65+ reported their mental health was not good 14+ days in the last 30 days (TN ranks 49/50).
- 27% of Tennesseans 65+ live alone, increasing susceptibility to loneliness and/or isolation.
- Social isolation increases the risk of premature death, dementia (50%), and heart disease (29%; CDC).
- Depression, anxiety, and other mental health conditions are often underdiagnosed in older adults.
- Chronic illnesses, physical disabilities, and persistent pain impact quality of life and can lead to feelings of hopelessness.
- Tennesseans 65+ had an estimated 261 total deaths due to intentional self-harm (21.4 per 100,000 adults 65+ in TN; 1,220,972 65+ in TN 2022).
- Firearm suicide rates are highest among adults 65+.



Lung Health

- Chronic lower respiratory disease is the 6th leading cause of death in TN.
- 12.1% of Tennesseans 65+ reported smoking at least 100 cigarettes in their lifetime and currently smoke daily or some days (TN ranks 47/50).
- 18.2% of Tennesseans 65+ reported being told by a health professional they have chronic obstructive pulmonary disease (COPD), emphysema, or chronic bronchitis.



Multiple Chronic Conditions

- 56% of Medicare beneficiaries aged 65-74 with 3 or more chronic conditions enrolled in the fee-for-service program.



Substance Abuse

- 65% of adults 65+ drink alcohol and ~10% engage in risky drinking behaviors.
- Pain, anxiety, and sleep medication misuse is increasing in adults 65+.

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Grandparents Raising Grandchildren

- 8% of children in TN live in a household headed by a grandparent, which is higher than the national average.
- 77,000 grandparents in TN are raising grandchildren.
- The physical, emotional, and financial stresses associated with caregiving can significantly impact health.



Caregivers

- 62.2% of caregivers in TN are 55+.
- 16.9% of caregivers were caring for a friend or family member with Alzheimer's disease or cognitive impairment (increase of 3.4%).
- 58.8% of caregivers in TN are female, non-Hispanic White with an income below \$50k.



Abuse & Exploitation

- 1 in 10 older adults experience abuse, but only 1 in 24 cases are reported (National Center on Elder Abuse).
- People with dementia are at increased risk of different forms of abuse (e.g., verbal, physical, financial, psychological, neglect).
- 1 in 5 older adults reported experiencing abuse during the COVID-19 pandemic (double pre-COVID-19 reports).
- Tennesseans 60+ filed 1,686 internet crime related complaints in 2021 resulting in \$32,520,912 lost.



Older Adult Providers

- 394 estimated geriatric clinicians* in TN (32.3 per 100,000 adults 65+ in TN; 1,220,972 65+ in TN 2022).
- 74 Certified Geriatricians in TN (2021).

*Geriatricians are specifically trained physicians specializing in the medical care of older adults, while *geriatric clinicians* encompass a wider range of healthcare professionals (e.g., physician assistant, nurse practitioner, social worker, clinical psychologist) who provide various types of support and care for the older adults.



Older Adult Literacy

- 11% of Tennesseans 65+ have difficulty understanding written information (2020).
- 82% of Tennesseans 65+ had both computer and broadband internet (2022).

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CROSS-CUTTING FACTORS LEADING TO INEQUITIES

**Rural Living:**

Older adults living in rural TN counties may encounter resource barriers such as limited access to healthcare, transportation, internet and technology access, social isolation, limited social services (e.g., senior centers, meal programs, home care assistance), economic constraints, and education and awareness.

**Lower-Income:**

Lower-income older adults can struggle with access to affordable healthcare, healthy foods, and safe housing contributing to higher rates of chronic disease and lower life expectancy.



Race & Ethnicity: Older adults from minority groups, particularly African Americans and Hispanics, face higher rates of chronic conditions, such as hypertension, diabetes, heart disease, and mental distress. They also experience disparities in access to quality healthcare and cultural competency among providers, often receiving less preventative care, fewer treatment options, and later stage diagnosis.

**Lower****Education**

Level: Older adults with less than a high school diploma can be at increased risk for chronic conditions and poor aging due to lower health literacy, access to healthcare, economic constraints, lifestyle factors (e.g., higher rates of smoking, poor diet, physical inactivity), and chronic stress.



Women: Older adult females may experience higher rates of chronic conditions, higher risk for mental health issues, face barriers to accessing quality healthcare services, experience interrupted career paths due to caregiving responsibilities, and report higher rates of social isolation.

Resources

- [TN Train](#)
- [CDC Health Equity Guiding Principles for Inclusive Communication](#)
- [CDC: Using a Health Equity Lens](#)

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Healthy aging across the life course means promoting and maintaining good health and well-being from *early life through late life*. It emphasizes that the foundation for healthy aging is *built over a lifetime* and that the choices and conditions experienced throughout life influence health outcomes in older adults. Core concepts include:

Functional Ability: Capacity to perform daily activities and tasks independently.	Preventative Health: Engaging in practices and behaviors to prevent disease by adopting healthy lifestyle choices.	Chronic Condition Management: Managing chronic conditions through medical care, lifestyle changes, and self-management strategies.	Mental Health & Emotional Well-being: Managing stress, preventing and treating anxiety, and fostering emotional resilience.
Cognitive Stimulation: Engaging in activities that stimulate the mind like learning a new skill, reading, and problem-solving.	Environmental & Social Support: Creating and utilizing supportive environments and resources, such as accessible housing, transportation, and community services.	Social Engagement: Maintaining strong social connections to combat isolation, build support networks, and enhance emotional well-being.	Autonomy & Independence: Supporting individuals in maintaining control over their lives and making decisions about their health and care, promoting dignity and self-determination.

Equitable healthy aging means ensuring that *all* Tennesseans, regardless of background, have fair and just opportunities to achieve and maintain good health and well-being across the life course. It emphasizes addressing disparities and removing barriers that prevent certain groups from enjoying optimal health outcomes.

Healthy and equitable aging is crucial in TN because:

- **Demographic Shifts:** TN experienced a 29.3% increase in adults 65+ (2012 to 2022) bringing the total to 1,220,972.
- **Health Disparities:** There are significant health disparities across various groups in TN, including access to care, economic security, social inclusion, education and awareness, housing, and environment.
- **Economic Impact:** Preventative care and chronic condition management can reduce the overall burden on the healthcare systems and lower healthcare costs. Promoting economic stability for older adults through retirement planning, financial education, and support programs can prevent poverty and reliance on public assistance.
- **Quality of Life:** Healthy aging enables older adults to remain active, engaged, and independent longer.
- **Policy & Planning:** Healthy and equitable aging strategies inform the development of policies that allocate resources efficiently, create supportive infrastructure, and implement programs tailored to diverse needs.

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To ensure that policies and interventions address needs across the life course and promote health from early life through older age, integrating the **Age-Friendly Public Health Systems (AFPHS) Recognition, Champion**, and the **Healthy Brain Initiative (HBI) Roadmap** can be highly effective. Here's how these elements work together:

- **Age-Friendly Public Health Systems (AFPHS) Recognition:** Embeds age-friendly practices in public health through the 6Cs framework to advance health equity for all older adults (65+) through accessible, inclusive, and preventative care across the life course.
- **Age-Friendly Public Health (AFPH) Champion:** Champions advocate for and lead the adoption of age-friendly practices and policies that address both early-life and older-age needs.
- **Healthy Brain Initiative (HBI) Roadmap:** The Roadmap provides a strategic framework for advancing brain health and addressing ADRD. It includes goals and strategies for promoting brain health, enhancing dementia care, and conducting research. ([Implementation Guide](#))

Integration Strategy: Develop and implement policies and programs that combine AFPHS principles and HBI actions, regularly evaluate their effectiveness, and adapt based on feedback to support health throughout the life course.

COMMUNITY HEALTH ASSESSMENT (CHA)

By using the CHA process, you can systematically assess and address the health needs of older adults, ensuring that interventions are targeted, effective, and responsive to the specific challenges they face.

Mental Health/ Frequent Mental Distress/ Mental Health Services:

- **Awareness Campaigns:** Focus on reducing the stigma around mental health issues in older adults to encourage help-seeking behavior. E.g., [Mental Health Screening Tool](#), [Promoting Emotional Health & Preventing Suicide \(Senior Centers & Senior Living Communities\)](#)
- **Routine Screenings:** Integrate mental health screenings, including depression and dementia, into regular primary care visits for older adults. E.g., [Quick & Easy Mental Health Screenings](#)
- **Provider Training:** Equip healthcare professionals to recognize and address older adult mental health issues such as grief, loneliness, and cognitive changes. E.g., [TN Dementia ECHO](#), [TN TRAIN](#)
- **Caregiver Education:** Train caregivers to identify and respond to signs of depression, anxiety, and dementia in older adults. E.g., [QPR Institute](#).
- **Social Programs:** Create community programs that engage older adults socially to reduce isolation, such as [senior centers](#), [social clubs](#), [faith/religious programs](#), and [volunteer opportunities](#). E.g., [Volunteer Tennessee](#).
- **Intergenerational Programs:** Develop initiatives that connect older adults with younger generations. E.g., [Legacy Parks](#)
- **Community Partnerships:** Collaborate with local organizations to offer mental health services, counseling, and wellness programs for older adults. E.g., [TDMHSAS Older Adult Program](#), [Senior Programs in TN](#).
- **Transportation Services:** Facilitate transportation for older adults to help them maintain their independence and social connections by providing rides to appointments, social events, and community centers. E.g., [MyRide TN](#), [Statewide Transportation Map](#), [Inclusive Planning Guide](#)

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Substance Misuse/ Overdose

- **Awareness Campaigns:** Raise awareness about substance misuse in older adults, focusing on prescription drug misuse, alcohol abuse, and overdose risks. Educate older adults, caregivers, and providers on the dangers of substance misuse and aging-related factors. E.g., create/modify infographics on safe medication use for older adults, [SAFE-HOME](#)
- **Reduce Stigma:** Emphasize that addiction can affect anyone, reducing stigma and encouraging older adults to seek help. E.g., [Stigma's Impact on Substance Use Disorders](#)
- **Target High-Risk Groups:** Focus on older adults at higher risk due to chronic pain, depression, isolation, or polypharmacy. E.g., annual screening for substance use, take back events for home bound.
- **Tailored Treatment:** Refer and expand age-appropriate treatment programs that address the physical, mental, and emotional needs of older adults.
- **Overdose Prevention:** Teach older adults and caregivers how to recognize and respond to overdose. Encourage safe storage of medication to prevent accidental misuse or overdose. For individuals at risk of opioid overdose, ensure access to naloxone (Narcan) and provide training to caregivers and family members. E.g., [Naloxone Training Information](#), [TN Opioid Abatement Council](#) (funding)

Obesity/ Physical Inactivity

- **Chronic Disease Management:** Ensure underlying health conditions are well-managed. E.g., Take Charge of Your Diabetes, [National Diabetes Prevention Program](#), [Chronic Disease Self-Management](#), September: Healthy Aging Month
- **Nutrition Programs:** Collaborate with local organizations to provide accessible nutrition programs, meal planning, cooking classes, and healthy food options for older adults. E.g., [Aging Nutrition Program](#), identify congregate meals/home delivered meal services/other resources in your region, [Cook Well, Be Well](#)
- **Exercise & Fitness Classes:** Support and promote low-impact exercise programs, walking groups, and strength training specifically for older adults. E.g., [SilverSneakers \(Free Fitness Program\)](#), Mt. Juliet to Murfreesboro), [S.A.I.L., MOVE!](#) (Veterans), [Gerofit](#) (Veterans, Murfreesboro)
- **Improving Access to Resources:** Enhance access to healthy food and physical activity resources through partnerships with grocery stores, farmers' markets, and fitness centers. E.g., [Senior Farmers Market Nutrition Program](#)
- **Transportation Services:** Address transportation barriers to ensure older adults can attend health-related programs and services.
- **Collaboration:** Partner with local health agencies, senior centers, organizations, and community groups to coordinate and maximize resources.
- **Healthy Environments:** Advocate for and support the creation of [environments that promote healthy living](#), such as safe walking trails, accessible parks, and community gardens. E.g., [Legacy Parks](#)
- **Environmental Changes:** Encourage local businesses to support healthy lifestyles with practices like offering healthy food options and wellness programs.

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Nicotine & Tobacco Use

- **Education & Awareness:** Provide tailored educational programs and materials that highlight the risks of tobacco use and benefits of quitting, specifically for older adults. E.g., [Become Smokefree \(60+\)](#)
- **Screening & Assessment:** Incorporate routine screenings for tobacco use during health assessments to identify older adults who smoke or use tobacco and assess their readiness to quit and any potential barriers they may face.
- **Counseling & Support:** Offer counseling services that cater to older adults, using motivational interviewing techniques to encourage cessation.
- **Access to Cessation Resources:** Ensure access to evidence-based cessation resources, such as quitlines, mobile apps, and online programs that are user-friendly for older adults. Provide information about pharmacotherapy options, such as nicotine replacement therapy (NRT) and prescription medications, and facilitate access to these treatments. E.g., [Become Smokefree \(60+\)](#), [Clear Horizons \(50+\)](#), [Smoking: It's Never Too Late to Stop](#), [TN Tobacco Quitline](#)
- **Policy & Environment:** Advocate for smoke-free policies in communal living environments, such as nursing homes and assisted living facilities. E.g., [Quitting Smoking is Still a Conversation Worth Having \(Blog\)](#)
- **Addressing Comorbidities:** Recognize that many older adults may have comorbid conditions that complicate quitting. Offer integrated care approaches that address both tobacco use and other health issues.

Housing

- **Affordable Housing Initiatives:** Support the development of affordable and accessible housing options for older adults, including independent living communities and assisted living facilities.
- **Incentivize Developers:** Promote policies that incentivize developers to include age-friendly designs in new housing projects. Examples include inclusionary zoning (certain percentage of affordable units in new developments; TX), density bonuses (developers include age-friendly features like single-level units, wider doorways, and accessible common areas can build more units than typically permitted; TX), tax incentives (incorporate universal design; FL), and age-friendly housing guidelines (UT, NC, AZ, IN)
- **Home Modifications:** Provide resources, funding, or application assistance for home modifications that enhance safety and accessibility, such as grab bars, ramps, and wider doorways. E.g., [THDA: Home Modification Program](#), [Veteran Affairs Home Modification Program](#), [Habitat for Humanity](#)
- **Aging in Place Programs:** Develop programs that support older adults in remaining in their homes as they age, including home health services, meal delivery, and regular check-ins.
- **Shared Housing Models:** Promote co-housing or shared housing models where older adults can live together to reduce isolation and share resources. E.g., [SAGE: Housing Possibility Models](#)
- **Accessible Information:** Ensure that information about housing options, resources, and support services is easily accessible and tailored to older adults. E.g., [TN Housing Resources for Older Adults](#)

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Transportation

- **Transportation Needs Assessment:** Conduct assessments to identify transportation gaps and needs in the community, tailoring services to older adults. E.g., [TDOT: Mobility & Accessible Transportation Strategic Plan](#)
- **Technology Training:** Offering workshops to help older adults learn how to use technology, such as apps for ride-sharing services or navigating public transportation schedules. E.g., Partner with a local library and community college/university, [engAGING Communities: Tech Goes Home](#)
- **Low-Floor Buses & Accessible Stations:** Ensuring that public transit vehicles and stations are designed to accommodate mobility aids, making it easier for older adults to use public transportation (TX, FL). E.g., [Paratransit Guide](#)
- **Enhanced Routes & Services:** Expanding public transit routes to include more senior-friendly stops and services, such as shuttle services specifically for older adults. E.g., [Transportation Assistance](#), [MATApus](#)
- **Ride-Sharing Partnerships:** Collaborating with ride-sharing companies to offer discounted or subsidized rides for seniors, particularly for non-emergency medical transportation. E.g., [Transportation Shouldn't be a Roadblock](#) (screening project)
- **Transportation Vouchers:** Providing vouchers or subsidies for older adults to use public transit or rideshare services, helping to alleviate financial barriers associated with transportation.
- **Safe Walking & Biking Infrastructure:** Improving sidewalks, crosswalks, and bike lanes to ensure safe pedestrian access for older adults, encouraging them to walk or bike for short trips. E.g., [Pedestrian Task Force Coalition](#)
- **Policy Advocacy:** Advocating for policies that prioritize funding and resources for transportation initiatives for older adults.

Safety/ Emergency Preparedness

- **Fall Prevention Programs:** Implement community-based programs that educate older adults about fall risks and prevention strategies. E.g., [Matter of Balance](#), [Stay Active & Independent for Life \(SAIL\)](#)
- **Home Safety Assessments:** Promote assessments to identify hazards in the home and provide recommendations for modifications. E.g., [NCOA: Printable Home Safety Checklist](#)
- **Emergency Preparedness:** Develop resources to help older adults prepare for emergencies, including natural disasters and health crises. E.g., [Alzheimer's TN: Silver Alert Kit](#), [Take Control in 1, 2, 3](#)
- **Community Engagement:** Foster community programs that promote social interaction and engagement, reducing isolation and its associated risks.
- **Education & Awareness Campaigns:** Develop campaigns to raise awareness about elder abuse and reporting. Use community workshops, social media, and informational materials. E.g., [World Elder Abuse Awareness Day](#), host [Money Smart for Older Adults](#)
- **Cultural Competency Training:** Provide training on cultural competency to ensure that services are accessible and sensitive to the diverse needs of older adults. E.g., [Dementia Friends USA](#), [First Responder Training](#)

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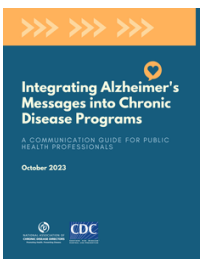
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Data



Resources

- [TN TRAIN](#) < click 'Course Catalog' < search 'Older Adult'
- [NACDD: Healthy Aging & Healthy Brain](#) (E.g., customizable risk reduction rack cards, videos, presentations, communications guide)
- [SAMSHA: Resources for Older Adults](#) (E.g., Professionals Serving Older Adults, Suicide Prevention & Postvention)
- [Older Veterans Mental Health Resource Inventory](#)
- [CDC: Preventing Suicide Requires a Comprehensive Approach - What Can Everyone Do?](#)
- [Health Literacy](#)
- [Alzheimer's TN, Normal Aging or Dementia? \(Video\) Dr. Monica Crane](#)
- [Area Agencies on Aging & Disability \(AAAD\)](#)
- [Middle TN Geriatric Workforce Enhancement Program](#) (E.g., education)



- [Health](#)
- [Disability & Aging](#)
- [Mental Health & Substance Abuse Services](#)
- [Human Services](#)



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