

Healthy People 2020 Summary of Objectives

Older Adults

Number Objective Short Title

Prevention

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| OA-1 | Use of Welcome to Medicare benefit |
| OA-2 | Older adults up to date on clinical preventive services |
| OA-3 | Older adults' confidence in managing their chronic conditions |
| OA-4 | Receipt of Diabetes Self-Management Benefits by older adults |
| OA-5 | Functional limitations in older adults |
| OA-6 | Leisure-time physical activities among older adults |
| OA-7 | Pressure ulcer-related hospitalizations among older adults |

Long-Term Services and Supports

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| OA-8 | Need for long-term services and support |
| OA-9 | Caregiver support services |
| OA-10 | Health care workforce with geriatric certification |
| OA-11 | Emergency department visits due to falls among older adults |
| OA-12 | Information on elder abuse, neglect, and exploitation |

Topic Area: Older Adults

Prevention

OA–1: Increase the proportion of older adults who use the Welcome to Medicare benefit.

Target: 8.0 percent.

Baseline: 7.3 percent of older adults used the Welcome to Medicare benefit in 2008.

Target setting method: 10 percent improvement.

Data source: Medicare Claims Data, Use of Medicare Preventative Benefits, CMS.

OA–2: Increase the proportion of older adults who are up to date on a core set of clinical preventive services.

OA–2.1 Increase the proportion of older adults who are up to date on a core set of clinical preventive services males.

Target: 50.9 percent.

Baseline: 46.3 percent of males aged 65 years and older were up to date on a core set of clinical preventive services in 2008.

Target setting method: 10 percent improvement.

Data source: Behavioral Risk Factor Surveillance System (BRFSS), CDC, PHSP0.

OA–2.2 Increase the proportion of older adults who are up to date on a core set of clinical preventive services females.

Target: 52.7 percent.

Baseline: 47.9 percent of females aged 65 years and older were up to date on a core set of clinical preventive services in 2008.

Target setting method: 10 percent improvement.

Data source: Behavioral Risk Factor Surveillance System (BRFSS), CDC, PHSP0.

OA–3: (Developmental) Increase the proportion of older adults with one or more chronic health conditions who report confidence in managing their conditions.

Potential data source: Behavioral Risk Factor Surveillance System (BRFSS), CDC, PHSP0.

OA–4: Increase the proportion of older adults who receive Diabetes Self-Management Benefits.

Target: 2.4 percent.

Baseline: 2.2 percent of adults aged 65 years and older received Diabetes Self-Management Benefits in 2008.

Target setting method: 10 percent improvement.

Data source: Medicare Claims Data, Use of Medicare Preventative Benefits, CMS.

OA–5 Reduce the proportion of older adults who have moderate to severe functional limitations.

Target: 25.5 percent.

Baseline: 28.3 percent of older adults had moderate to severe functional limitations ~~in 2008~~ (age adjusted to the year 2000 standard population).

Target setting method: 10 percent improvement.

Data source: Medicare Current Beneficiary Survey (MCBS), CMS.

OA–6: Increase the proportion of older adults with reduced physical or cognitive function who engage in light, moderate, or vigorous leisure-time physical activities.

Target: 37.1 percent.

Baseline: 33.7 percent of older adults with reduced physical or cognitive function engaged in light, moderate, or vigorous leisure-time physical activities in 2008.

Target setting method: 10 percent improvement.

Data source: National Health Interview Survey (NHIS), CDC, NCHS.

OA–7: Increase the proportion of the health care workforce with geriatric certification.

OA–7.1 Increase the proportion of physicians with geriatric certification.

Target: 3.0 percent.

Baseline: 2.7 percent of physicians had geriatric certification in 2009.

Target setting method: 10 percent improvement.

Data source: Physician Characteristics and Distribution in the United States, American Medical Association (AMA).

OA–7.2 Increase the proportion of psychiatrists with geriatric certification.

Target: 4.7 percent.

Baseline: 4.3 percent of psychiatrists had geriatric certification in 2009.

Target setting method: 10 percent improvement.

Data source: Physician Characteristics and Distribution in the United States, American Medical Association (AMA).

OA–7.3 Increase the proportion of registered nurses with geriatric certification.

Target: 1.5 percent.

Baseline: 1.4 percent of registered nurses had geriatric certification in 2004.

Target setting method: 10 percent improvement.

Data sources: National Sample Survey of Registered Nurses (NSSRN), HRSA, BHP; Current Population Survey (CPS), Table 11. Employed persons by detailed occupation, sex, race, and Hispanic or Latino ethnicity, U.S. Census Bureau.

OA–7.4 Increase the proportion of dentists with geriatric certification.

Target: 0.22 percent.

Baseline: 0.20 percent of dentists had geriatric certification in 2007.

Target setting method: 10 percent improvement.

Data sources: Distribution of Dentists in the United States by Region and State, American Dental Association (ADA); American Society of Geriatric Dentistry (ASGD).

OA–7.5 Increase the proportion of physical therapists with geriatric certification.

Target: 0.7 percent.

Baseline: 0.6 percent of physical therapists had geriatric certification in 2009.

Target setting method: 10 percent improvement.

Data source: American Physical Therapy Association (APTA) and American Board of Physical Therapy Specialties (ABPTS).

OA–7.6 Increase the proportion of registered dietitians with geriatric certification.

Target: 0.33 percent.

Baseline: 0.30 percent of registered dietitians had geriatric certification in 2009.

Target setting method: 10 percent improvement.

Data source: American Dietetic Association (ADA) Commission on Dietetic Registration (CDR).

Long-Term Services and Supports

OA–8: (Developmental) Reduce the proportion of noninstitutionalized older adults with disabilities who have an unmet need for long-term services and supports.

Potential data source: Johns Hopkins University Bloomberg School of Public Health.

OA–9: (Developmental) Reduce the proportion of unpaid caregivers of older adults who report an unmet need for caregiver support services.

Potential data source: Johns Hopkins University Bloomberg School of Public Health.

OA–10: Reduce the rate of pressure ulcer-related hospitalizations among older adults.

Target: 887.3 pressure ulcer-related hospitalizations per 100,000 persons aged 65 years and older.

Baseline: 985.8 pressure ulcer-related hospitalizations per 100,000 persons aged 65 years and older occurred in 2007.

Target setting method: 10 percent improvement.

Data source: Healthcare Cost and Utilization Project, Nationwide Inpatient Sample (HCUP–NIS), AHRQ.

OA–11 Reduce the rate of emergency department (ED) visits due to falls among older adults.

Target: 4,711.6 ED visits per 100,000 due to falls among older adults.

Baseline: 5,235.1 ED visits per 100,000 due to falls occurred among older adults in 2007 (age adjusted to year 2000 standard population).

Target setting method: 10 percent improvement.

Data source: National Hospital Ambulatory Medical Care Survey (NHAMCS), CDC, NCHS.

OA–12: Increase the number of States, the District of Columbia, and Tribes that collect and make publicly available information on the characteristics of victims, perpetrators, and cases of elder abuse, neglect, and exploitation.

OA–12.1 Increase the number of States and the District of Columbia that collect and make publicly available information on the characteristics of victims, perpetrators, and cases of elder abuse, neglect, and exploitation.

Target: 4 States and the District of Columbia.

Baseline: 3 States collected and made publicly available information on the characteristics of victims, perpetrators, and cases of elder abuse, neglect, and exploitation in 2004.

Target setting method: 10 percent improvement.

Data source: National Center on Elder Abuse (NCEA), AoA.

OA–12.2 (Developmental) Increase the number of Tribes that collect and make publicly available information on the characteristics of victims, perpetrators, and cases of elder abuse, neglect, and exploitation.

Potential data source: National Center on Elder Abuse (NCEA), AoA.