

OLDER WOMEN STATISTICS

Background: Because women live longer, they make up more than half of the Medicare population and are more likely to have multiple chronic conditions. As both caregivers and patients, older women have borne the brunt of shortcomings in our health care system – high costs, poor quality, and fragmented, uncoordinated care. They are more likely to suffer from problems related to poor care coordination, need long term care services, and end up in the donut hole.

ACA RELEVANCE	FACT	SOURCE
<p>The ACA includes a number of provisions that will improve the quality and affordability of care for older women, including:</p> <ul style="list-style-type: none"> -No-cost preventive services -New annual wellness visit with prevention planning services -Closing the Donut Hole -New ways of delivering care (CMMI initiatives, PCMH, Independence at Home, transitional care services) -National Quality Strategy -Grants to geriatric education centers -Training for direct care workers -CLASS Act -Investments targeted towards the long term health of the Medicare Trust Fund 	<p>Women make up more than half (60 percent) of the Medicare population, and they depend on the program for an average of 15 years compared with 7 years for men.</p>	<p>Agency for Healthcare Research and Quality. (2010, December). Health Care for Minority Women: Recent Findings. Program Brief(AHRQ Pub. No. 11-P005). Rockville, MD.</p>
	<p>In 2006-2008, an estimated 60 percent of U.S. women age 18 and older reported having very good or excellent health, but that rate was only 39 percent among women age 65 years and older.</p>	<p>Centers for Disease Control and Prevention. National Center for Health Statistics. Health Data Interactive. http://205.207.175.93/HDI/TableView/tableView.aspx?ReportId=84. [November 24, 2010].</p> <p>(Via WOMEN IN AMERICA: Indicators of Social and Economic Well-Being, http://www.whitehouse.gov/sites/default/files/rss_viewer/Women_in_America.pdf)</p>
	<p>Because women tend to live longer than men, older women are more likely to have chronic conditions, many of which carry multiple, significant health concerns.</p> <p>Health care spending increases with the number of chronic conditions. Spending is over seven times greater for someone with three chronic conditions, and almost 15 times greater for someone with five or more chronic conditions.</p> <p>A significant number of people with multiple health conditions report receiving different diagnoses (14%) or conflicting information (17%) from different providers, and having duplicate tests and procedures (18%).</p>	<p>Anderson, G. (2007). <i>Chartbook, Chronic Conditions: Making the Case for Ongoing Care</i>. Johns Hopkins University. Retrieved October 1, 2009, from http://www.fightchronicdisease.org/news/pfcd/documents/ChronicCareChartbook_FINAL.pdf</p>

	<p>Older adults with multiple (five or more) chronic health conditions have an average of 37 doctor visits, 14 different doctors and 50 separate prescriptions each year.</p>	<p>Berenson, R. & Horvath, J. (2002). The Clinical Characteristics of Medicare Beneficiaries and Implications for Medicare Reform. Prepared for: The Center for Medicare Advocacy Conference on Medicare Coordinated Care, Washington, DC. Retrieved September 24, 2009, from www.partnershipforsolutions.org.</p>
	<p>Often, older women are also caregivers to spouses, other relatives or friends who are also suffering from one or more chronic health conditions.</p>	<p>Anderson, G. (2007). <i>Chartbook, Chronic Conditions: Making the Case for Ongoing Care</i>. Johns Hopkins University. Retrieved October 1, 2009, from http://www.fightchronicdisease.org/news/pfcd/documents/ChronicCareChartbook_FINAL.pdf</p>
	<p>Caregivers suffer physical and psychological strain as a result of caregiving, and are at risk of becoming “patients” themselves due to the physical and mental health effects of caregiving</p>	<p>Reinhard, S. A. Danso-Brooks, and K. Kelly, eds., State of the Science: Professional Partners Supporting Family Caregivers, <i>American Journal of Nursing</i>, 108(9 supplement) (September 2008). Pp. 12-26</p>
	<p>Older women are more vulnerable than men to increasing health care costs – having earned less during their working years and often having scaled back their careers and compromised their economic security to meet family caregiving responsibilities.</p>	<p>U.S. Census Bureau, Current Population Survey, 2009 Annual Social and Economic Supplement, Table PINC-05: Work Experience in 2008—People 15 Years Old and Over by Total Money Earnings in 2008, Age, Race, Hispanic Origin, and Sex, online at http://www.census.gov/hhes/www/cpstables/032009/perinc/toc.htm; National Alliance for Caregiving and AARP. (2009). Caregiving in the U.S. 2009, 14; 59.</p>
	<p>Women are more likely than men to both need long-term care services and to lack the social supports and resources needed to live independently in the community. As a result, women comprise the majority of nursing home residents and home health users. Women who need long-term care services often pay sizable out-of-pocket costs for nursing home and community based care, as a result of the limited coverage for long-term care under both Medicare and private policies.</p>	<p>http://www.kff.org/womenshealth/upload/7987.pdf</p>

	<p>18 million Part D enrollees faced the possibility of falling into the doughnut hole. The standard benefit under Part D has an annual deductible; an initial coverage period when enrollees pay 25 percent of their drug costs; and catastrophic coverage that limits enrollees' spending to roughly 5 percent of their drug costs. Before the new health care law took effect, Part D enrollees were responsible for all of their prescription drug costs while they were in the doughnut hole—the period between meeting the initial coverage limit and reaching catastrophic coverage.</p>	<p>http://assets.aarp.org/rgcenter/ppi/health-care/fs213-health.pdf</p>
	<p>In 2010, most Part D plans had a coverage gap, which totals \$3,610 in drug costs for plans offering the standard Medicare Part D benefit; by 2019, the gap was projected to be nearly \$6,000 without reform. Part D sponsors are permitted to offer an alternative benefit design that covers at least some drug costs in the gap, however, in 2010, most PDPs (80 percent) did not offer gap coverage, a larger share than in any year since 2006.</p>	<p>http://www.kff.org/medicare/upload/8008.pdf</p>
	<p>About 16 percent of Medicare beneficiaries reach the doughnut hole each year. Women, in addition to people with diabetes and Alzheimer's disease, are the most likely to end up in the doughnut hole.</p>	<p>S. L. Ettner, "Entering and Exiting the Medicare Part D Coverage Gap: Role of Comorbidities and Demographics," <i>Journal of General Internal Medicine</i>, March 9, 2010 25(6):568–74.</p>
	<p>Older women are much less likely than older men to receive a number of preventive tests, have their blood pressured under control, or receive aspirin or a betablocker upon hospital admission or discharge for heart attack.</p>	<p>Agency for Healthcare Research and Quality. (2010, December). <i>Health Care for Minority Women: Recent Findings</i>. Program Brief(AHRQ Pub. No. 11-P005). Rockville, MD.</p> <p>[Source: Kosiak, Sangl, and Correa-de-Araujo, <i>Women's Health Issues</i> 16(2):89-99, 2006 (AHRQ Publication No. 06-R046)* (Intramural).]</p>

	<p>In 2008, the percentage of female Medicare beneficiaries age 65 and over who reported ever being screened for osteoporosis was significantly lower among Blacks and APIs compared with Whites; Hispanics compared with Non-Hispanic Whites; poor, near-poor, and middle-income beneficiaries compared with high-income beneficiaries; and beneficiaries with limitations in three or more ADLs compared with beneficiaries with no functional limitations.</p>	<p>http://www.ahrq.gov/qual/nhdr10/nhdr10.pdf</p>
	<p>Some preventive benefits important to older women’s health, such as mammography, clinical breast exams, bone density tests, and visits for Pap test and pelvic exams, have required 20% coinsurance which can serve as a barrier to getting these recommended services.</p>	<p>Trivedi, A. “Effect of Cost Sharing on Screening Mammography in Medicare Health Plans” <i>New England Journal of Medicine</i>; 358:357-383. 2008.</p>