THE NEED FOR
Age-Friendly
Public Health
Systems
IN WASHINGTON

Older Adult Health County Profile: Grays Harbor County

The Older-Adult Population is Growing, but Key Subpopulations with Greater Needs Will Grow Even Faster

The older population is growing. Today there are 1,784 people in Grays Harbor County age 85+, but by 2040, there will be 4,168 — each with individual health needs and risks. To put it another way, for every 100 people age 85+ who Grays Harbor County's programs serve today, there will be 148 such people in less than a decade, and 234 such people by 2040, according to projections from the Washington Office of Financial Management.

Older populations often have **comorbid chronic conditions** (see *Chronic Conditions*). They also have high rates of **cognitive and physical disabilities** (see *Key Subpopulations*). For many reasons, they have more adverse experiences like **medical emergencies and falls** (see *Adverse Events*). As this age group and key high-risk subpopulations grow in size, these conditions and events will grow in number, too, presenting unique challenges and opportunities to public health, all of which encourage us to scale up efforts now to address these risks today, for years to come.
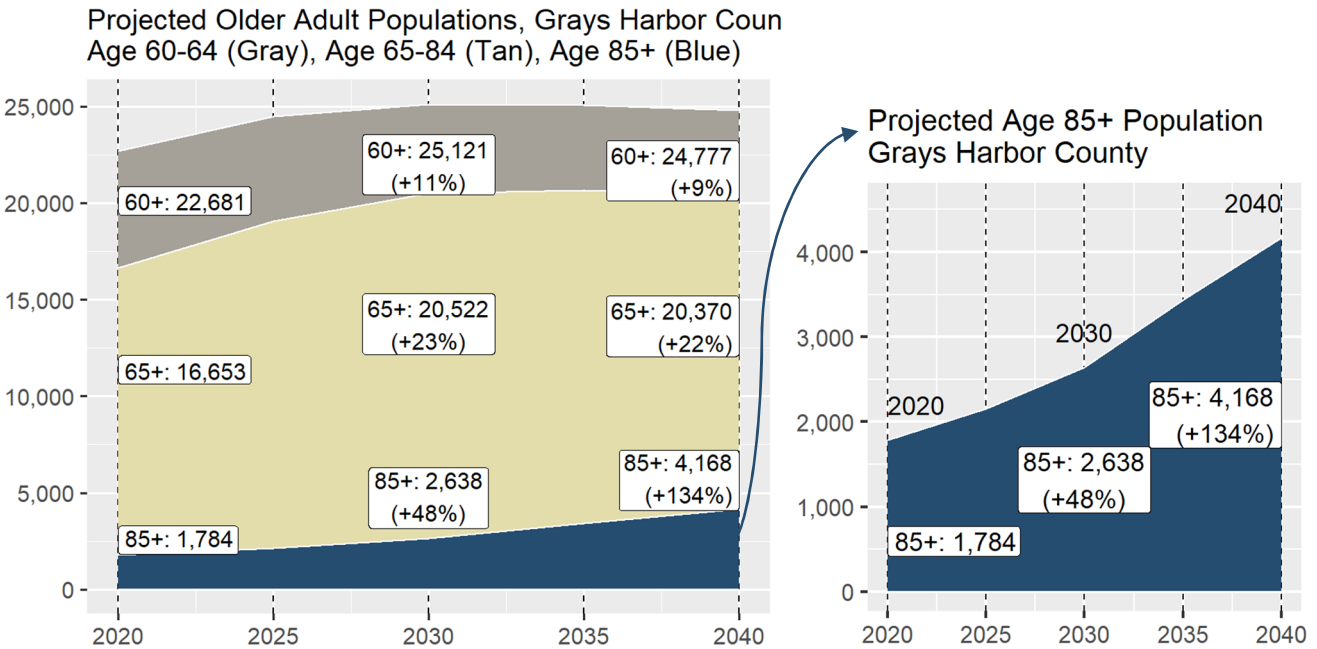

Projected Older Adult Populations, Grays Harbor Coun
Age 60-64 (Gray), Age 65-84 (Tan), Age 85+ (Blue)

60+: 22,681
60+: 25,121 (+11%)
60+: 24,777 (+9%)
65+: 16,653
65+: 20,522 (+23%)
65+: 20,370 (+22%)
85+: 1,784
85+: 2,638 (+48%)
85+: 4,168 (+134%)

Projected Age 85+ Population
Grays Harbor County

2040
2030
2020
85+: 4,168 (+134%)
85+: 2,638 (+48%)
85+: 1,784

Figure: Age group population sizes, projected through 2040, with percent change from 2020 in parentheses.[i]

Now, working together, is the time to prepare for these changes.

Chronic Conditions[ii]

Consider a snapshot of the chronic conditions among Grays Harbor County residents age 65+ in 2019, who will grow in number by 22% by 2040. The top chronic conditions for the Grays Harbor County age 65+ population in 2019 were:

- Hypertension (48%, an estimated 7,344 people)
- Hyperlipidemia, such as high cholesterol (38%, an estimated 5,882 people)
- Rheumatoid Arthritis/Osteoarthritis (27%, an estimated 4,152 people)
- Diabetes (23%, an estimated 3,512 people)
- Chronic Kidney Disease (22%, an estimated 3,430 people)
- Ischemic Heart Disease (20%, an estimated 3,006 people)

Adverse Events Targeted by Public Health Efforts

Public health efforts through the life course can work to prevent chronic conditions that are accumulated by old age, as well as conditions that carry risks specific to old age.

Emergency-Room Visits[iii]

For every 100 people age 65+ in Grays Harbor County, the age group made 51 emergency-room visits in 2019.

- Fully 43% of those emergency room visits were potentially avoidable, based on diagnoses:
    - 11% were potentially avoidable with preventive care;
    - 15% were potentially avoidable with primary or urgent care before the worsening condition escalated into an emergency room visit; and
    - 17% were potentially avoidable because the cause of the visit was not deemed an emergency.
- 48% of the emergency room visits made by people age 65+ were made by people with a self-care or cognitive disability.

Public health efforts can help reduce the risk of adverse medical crises among these growing population groups, acknowledging the unique dynamics in chronic condition care and age-informed medical care in older age groups. These efforts could reduce strain on emergency and hospital systems.

Falling and Fall-Related Injuries[iv]

One in three Washington residents over age 65 fall each year. Falls can cause moderate to severe injuries, such as hip fractures and head injuries, and can increase the risk of early death. The next paragraph focuses on county-level data about fall-related injuries that required medical care, specifically.

In Grays Harbor County specifically, residents age 65+ experienced 1,430 fall-related *injuries* per 100,000 persons during each quarter of 2019. The risk of fall-related injuries increases with age, and each year 3 million people age 65+ nationwide have one or more emergency department visit(s) due to falls, and 800,000 have 1+ hospital stay(s) due to falls. Distinct concerns for fall-related injuries, an important health issue, include an older adult's cognitive and physical disability, vision, nutrition, and fitness, as well as prescribing patterns and in-home risks.

Key Subpopulations Will Grow Even Faster[v]

While the headcount of older adults will grow quickly, the prevalence of age-related conditions is expected to grow even faster — conditions like disability and cognitive impairment, which change individuals' risks and the appropriate response from public health efforts:

- The number of Grays Harbor County residents age 60+ with **disability** will grow so that for every 100 people served with disability today, there will be 124 people in need by 2030. Disability is defined as "ambulatory difficulty (walking or climbing stairs) or self-care difficulty (dressing or bathing)." In 2020, an estimated 21% of county residents age 60+ had such a disability.
- The number of people age 60+ in Grays Harbor County with **cognitive impairments** will grow so that for every 100 people served with cognitive impairments today, there will be 124 people in need by 2030. Cognitive impairment is defined as "difficulty concentrating, remembering or making decisions." In 2020, an estimated 9% of county residents age 60+ had cognitive impairment.
- The number of Grays Harbor County residents age 60+ with dependence in **instrumental activities of daily living (IADLs)** will grow so that for every 100 people served with IADL dependence today, there will be 131 people in need by 2030. IADL dependence is defined as "difficulty doing errands alone such as visiting a doctor's office or shopping." In 2020, an estimated 12% of county residents age 60+ had IADL dependence.

Next Steps

There are many ways to utilize this valuable county level data to improve the health of older adults. Here are a few examples:

- Convene public health and other county partners, such as the local Area Agency on Aging, or local public transportation, housing and medical community, to assess and develop an action plan that supports the growth of the 60+ population. This plan could include the following: mitigating or preventing chronic diseases, emergency room visits, falls and supporting the needs of those with cognitive and/or physical disabilities.
- Incorporating the data into current communication efforts, including educating the public about the importance of preventing or managing chronic diseases, such as heart disease, diabetes and stroke.
- Evaluating current public health programs to ensure evidence-based falls prevention curriculum is being offered and the public understands the connection between aging, falls prevention, emergency room visits, severe injuries and increased risk of early death.
- Evaluate current programs and strategies to see if they are going to meet the needs of a growing aging population and if not, determine a place to begin.

Join the Age-Friendly Public Health Systems (AFPHS) Action Network (learning community) and apply for funding to expand the role of public and tribal health in addressing the health and wellbeing of older adults. To find out more information on the AFPHS Action Network and mini-grants please contact Marci Getz at Marci.Getz@doh.wa.gov.

> **Over the 20th century, public health played a crucial role in adding years to life.
> In the 21st century, public health can play a crucial role in adding life to years.**

Data Sources

i Figure and Introduction: Age group projections from 2020–2040 are from the WA Office of Financial Management's Projections for the Growth Management Act, specifically the County projections: 2010-2050 by age and sex (medium series only).

ii Chronic Conditions Section: These estimates are based on diagnoses documented for Traditional Medicare patients (continuously enrolled in Parts A and B during the analyzed year, and who had one or more primary care visits during the year) who reside in the county. The condition prevalence is measured using the Chronic Conditions Warehouse conditions categories, and the prevalence rates are multiplied by estimated population size – specifically, from the U.S. Census Bureau's 2015-2019 American Community Survey 5-year population estimates (Table B01001) for the overall age-65+ population. Person-level, Medicare data analyses were conducted by CareJourney, and Census-based analyses were conducted by Altarum.

iii Emergency-Room Visits Section: ER visits were measured among Traditional Medicare patients based on Outpatient and Inpatient files with Revenue Center codes of 0450-0459 or 0981. Potentially avoidable ER visits are measured based on diagnosis categories by an algorithm published by John Billings of New York University, which is applicable to ER visit diagnoses. This *NYU-EDA* algorithm was recently described in a recent *American Journal of Managed Care* article (at https://doi.org/10.37765/ajmc.2020.42636), which suggested future revisions but summarized that "evidence for the validity of the NYU-EDA [as used in this brief] has grown over 2 decades." Here, self-care or cognitive disability is measured only among post-acute and long-term care users, using nursing assessment data (the Minimum Data Set in nursing facilities and the Outcome and Assessment Information Set in home-based settings). Self-care disability is defined as being dependent in 2 or more of 6 standard activities of daily living, or "ADLs" (bathing, toileting, transferring, eating, bowel continence, or dressing), which are assessed by nurses at entry, at discharge, and quarterly, and documented in those datasets. Medicare claims and nursing-assessment analyses were conducted by CareJourney.

iv Falling and Fall-Related Injuries Section: Falls were identified among Traditional Medicare patients by a team at the Institute for Accountable Care, Altarum, and Lillian Min and Geoffrey Hoffman of the University of Michigan. The algorithm used to identify falls was the "balanced" algorithm described by Min and colleagues' "Measurement of Fall Injury with Health Care System Data and Assessment of Inclusiveness and Validity of Measurement Models," published in *JAMA Network Open* (at https://doi.org/10.1001/jamanetworkopen.2019.9679). Identification is based on diagnoses for common moderate and severe fall injuries in claims from hospital and skilled nursing stays, and ER and clinic visits.

v Key Subpopulations Will Grow Even Faster: These "Age Wave" projections from 2020–2030 are from the WA Aging and Disability Services Administration. The definitions are provided from the projections' Technical Notes. The projections estimate disability prevalence using items 18b-c of the U.S. Census American Community Survey (ACS), cognitive impairment using item 18a of the ACS, and IADL dependence using item 19 of the ACS.

Analysis and Report Prepared July 26, 2021, by Altarum
Solutions for Advancing Health